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Indiana State Medical Assn. Journal

The JOURNAL OF THE MEDICA

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Menrium® treats the menopausal symptoms that bother him most.

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His wife has a lot of different menopausal symptoms, but only a few really irritate *him*. Her hot flashes, her vertigo, her palpitations—that's *her* problem. What really bothers him is her nervousness, her irritability and her excessive anxiety, often expressed by endless "book-shuffling, chain-smoking, reading-lamp" insomnia!

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Indications: Management of manifestations generally associated with the menopausal syndrome—anxiety and tension, vasomotor complaints and hormonal deficiency states.

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Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Exclude other possible causes of menopausal syndrome manifestations, such as pregnancy. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) similar to those seen with barbiturates have been reported following discontinuance of chlordiazepoxide HCl. Potential benefits of use in pregnancy, lactation or women of childbearing age should be weighed against possible hazards to mother and child. Clinical data inadequate on safety in pregnancy.

Precautions: In elderly and debilitated patients, limit dosage to smallest effective amount of chlordiazepoxide (initially 10 mg or less per day) to preclude ataxia or oversedation; increase gradually as needed and tolerated. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects—particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in patients with impaired renal or hepatic function. Paradoxical reactions to chlordiazepoxide (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in the treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation very rarely reported in patients receiving Librium® (chlordiazepoxide) and oral anticoagulants.

Adverse Reactions: Untoward effects seen with either compound alone may occur with Menrium. With chlordiazepoxide, drowsiness, ataxia and confusion reported in some patients, particularly in the elderly and debilitated; while usually avoided by proper dosage adjustment, these are occasionally observed at lower dosage ranges. Also reported have been a few instances of syncope; isolated occurrences of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido, and occasional reports of blood dyscrasias, including agranulocytosis, jaundice and hepatic dysfunction. Periodic blood counts and liver function tests advisable during protracted treatment. Changes in EEG patterns (low-voltage fast activity) observed during and after chlordiazepoxide treatment.

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JANUARY 1971

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

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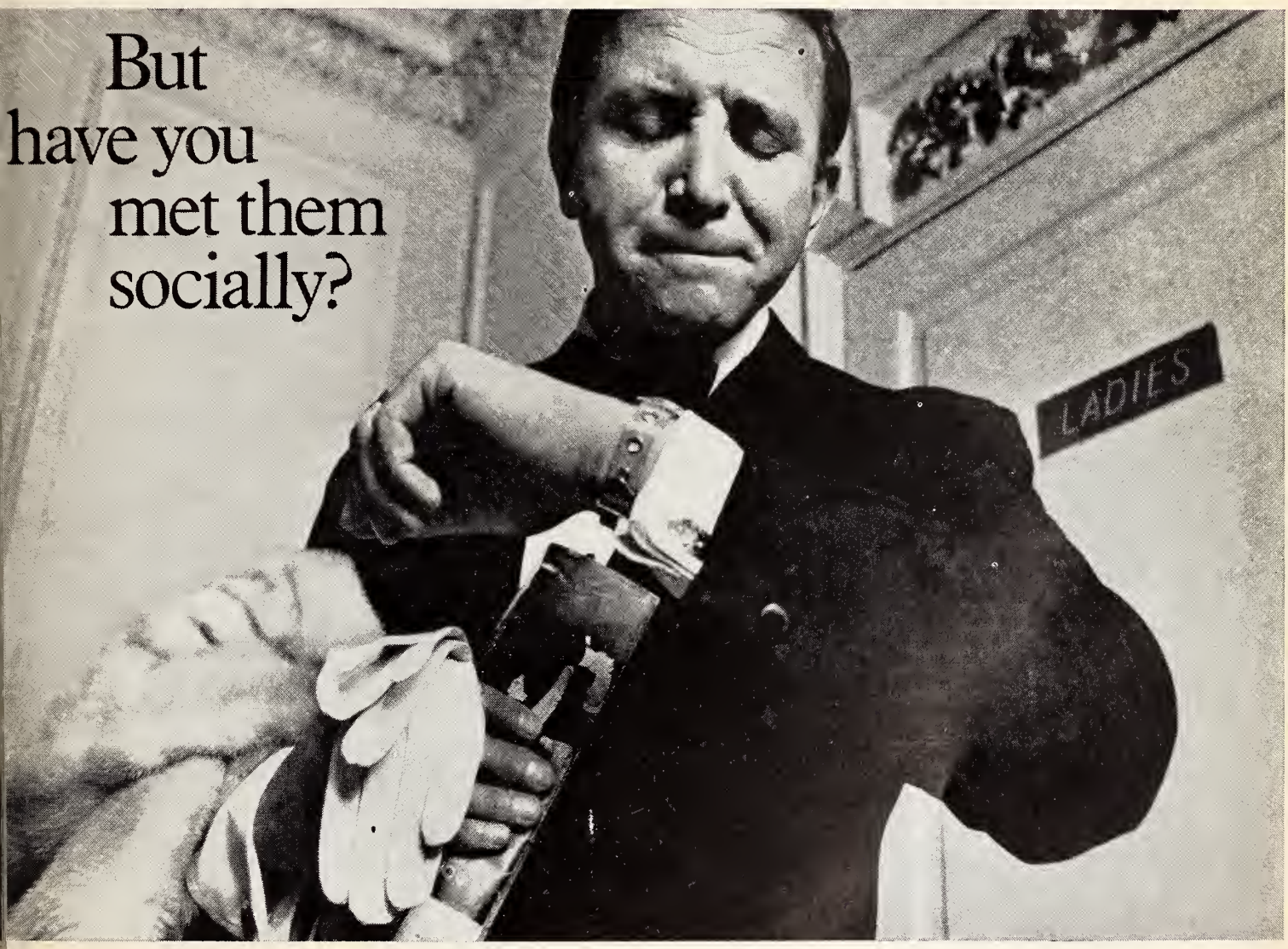

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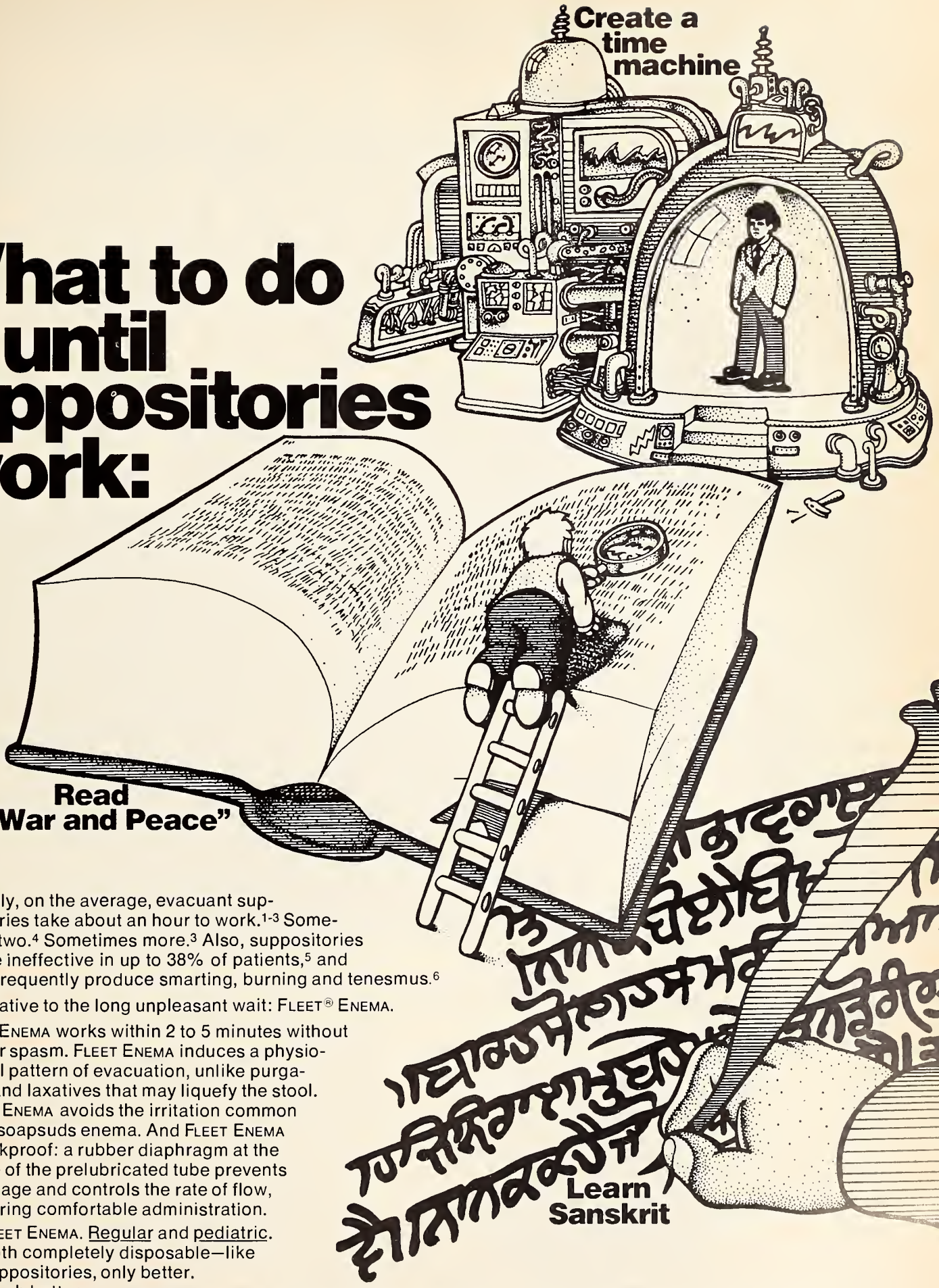

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References: 1. Blumberg, N.: Med Times 91:45, Jan., 1963. 2. Sweeney, W. J., III: Amer J Obstet Gynec 85:908, Apr. 1, 1963. 3. Weinsaft, P.: J Amer Geriat Soc 12:295, Mar., 1964. 4. Baydoun, A. B.: Amer J Obstet Gynec 85:905, Apr. 1, 1963. 5. Feder, I. A., Flores, A. and Weiss, J.: Amer J Gastroent 33:366, Mar., 1960. 6. Smith, J. J. and Schwartz, E. D.: Western J Surg 72:177, May-June, 1964.

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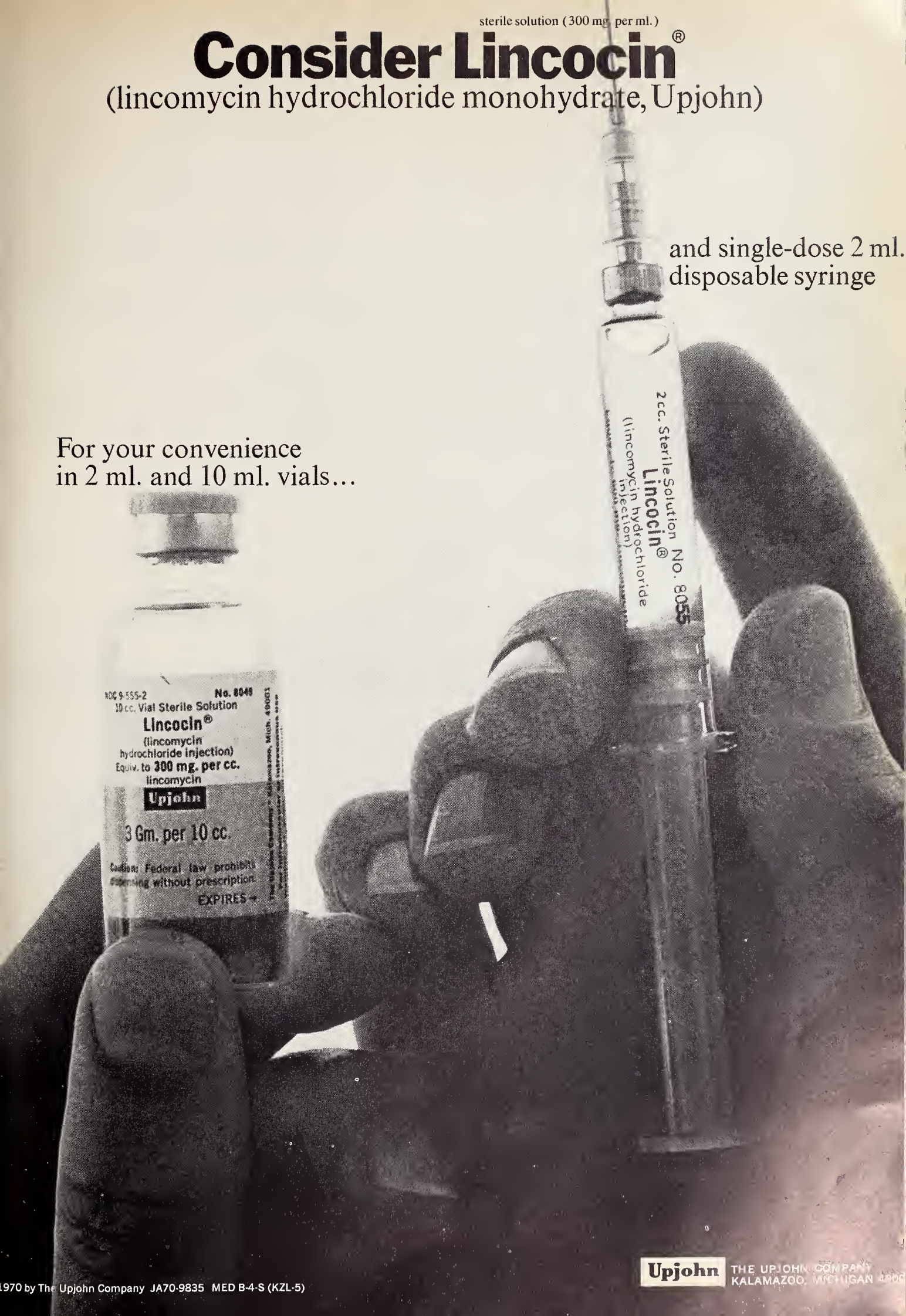

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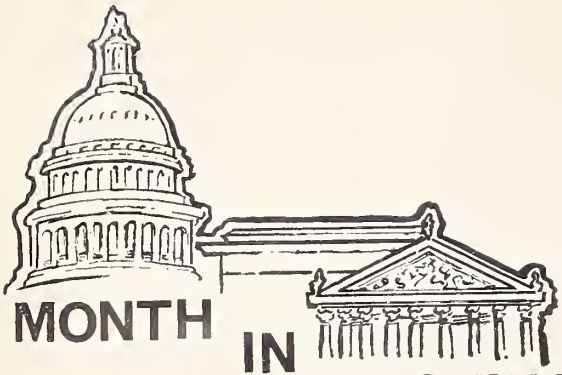


MONTH IN WASHINGTON

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

WASHINGTON—Rep. Wilbur D. Mills (D., Ark.) expressed concern about claims that prepaid group health care, or health maintenance organizations, could solve most of the problems of medicare and medicaid.

SPEAKING to a group of business executives, the chairman of the House Ways and Means Committee, which handles medicare and medicaid legislation, said that he believed health maintenance organizations were "a reasonable and perhaps competitive alternative" for providing government-financed health care.

"HOWEVER," he added, "I have become concerned that we will expect a great deal more from them than is likely to occur. The health industry is too diversified and its problems too complex to ever conclude that any one approach will solve most or all of the problems."

AMERICANS broke a spending record for health care this past year, paying out about $70 billion for everything from aspirin to hospitals, Mills also said. Inflation accounted for half the boost of about 16% over the $60.3 billion spent in the previous fiscal year, he said.

MILLS SAID he expects health care spending figures for fiscal 1970, which ended July 1, would show that $7 out of exery $100 spent in the United States for all goods and services went for health expenditures. "Just three years ago," Mills said, "it was estimated that we would not reach the 7% level until 1975."

HE NOTED, however, that the fiscal 1970 figures would show "for the first time" that federal spending did not increase as fast as private spending for health services.

"THE REASON for this development is that the medicare program did not grow as fast as it had been growing," Mills said.

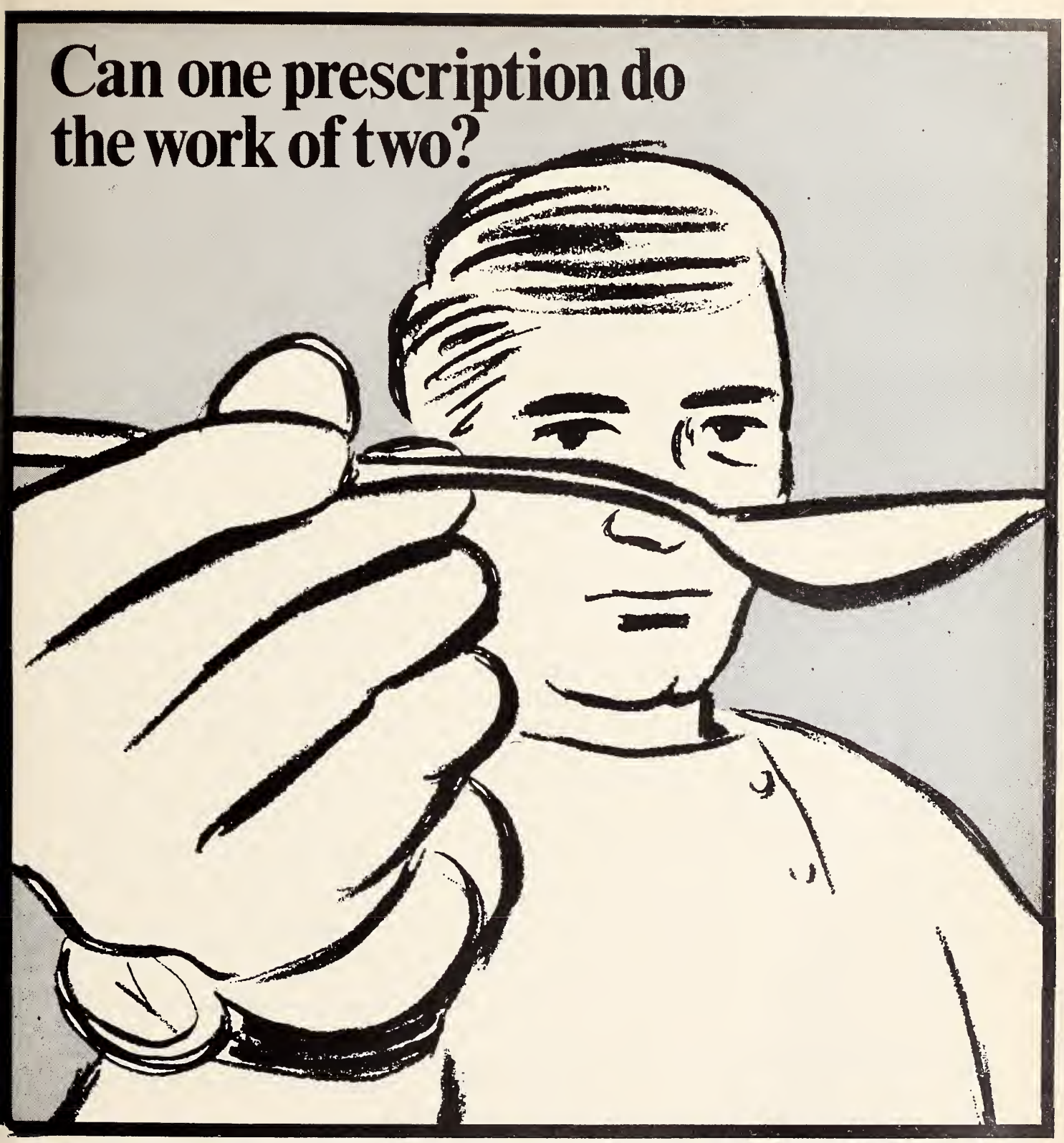
MILLS SAID the new health care figures point out two major characteristics of the health industry — "rapidly escalating costs and rapidly increasing public involvement."

"PUBLIC funds now pay for one-half of all the hospital care provided in the country," Mills said. "Medicare and medicaid together account for almost all of the half."

CATASTROPHIC ILLNESS COVERAGE GAINING SUPPORT

NATIONAL health insurance is shaping up as one of the major domestic issues before the 92nd Congress with catastrophic illness coverage gaining support from both Democrats and Republicans.

Continued



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Continued

ADVOCATES of catastrophic coverage counted on the Nixon Administration supporting such a plan although Elliot L. Richardson, secretary of Health, Education, and Welfare, called for its rejection at that time when it unexpectedly was placed before the Senate Finance Committee in executive session late last year near the end of the 91st Congress. But he left the door open for Administration support later.

"A PROPOSAL with this impact on the health care system deserves the closest kind of examination, not the hasty look it has been given in the waning days of an executive session," Richardson said.

THE SECRETARY'S comment was in response to the surprise announcement by Sen. Russell B. Long (D., La.) that he would offer a catastrophic illness coverage plan to the finance committee of which he is chairman.

LONG'S PLAN called for the government to pay 80% of all medical costs beyond the first 60 days of hospitalization or the first $2,000 of physicians' bills for all Americans who pay social security taxes and are under 65. He estimated the cost at $2.5 billion a year to be financed by a one-half of one percent increase in social security taxes, to be shared equally by employers and employees.

THE AMERICAN Medical Association also cleared the way to add catastrophic coverage to its Medicredit plan for voluntary national health insurance. The House of Delegates at the AMA 1970 clinical convention in Boston approved a report of the Board of Trustees listing catastrophic coverage among the modifications and improvements being considered before reintroduction of the Medicredit legislation.

ALL NATIONAL health legislation introduced during 1969-70 died with the final adjournment of the 91st Congress, and some modifications were expected to be incorporated in most of the leading proposals before their reintroduction in the 92nd Congress.

REP. DURWOOD G. Hall (R., Mo.), a physician, introduced during the final months of the 91st Congress legislation that would establish a government program of catastrophic illness insurance for all Americans along with a program of basic health care protection for the medically indigent.

PART A (Basic Protection) of Hall's proposal would replace the present medicaid program. Each state would be authorized to determine the level of medical indigence in that state and to purchase, from private carriers, basic health insurance coverage for the medically indigent. The states would receive federal reimbursement for 85% of the costs incurred in providing this basic coverage.

THE STATES would also purchase coverage for the costs of catastrophic illness expenses for the medically indigent. There would be no federal reimbursement for this state coverage.

PART B (Catastrophic Coverage) would have the secretary of HEW establish a program of insurance against the costs of catastrophic illness. Any U.S. resident whose income is above the level of medical indigence would be entitled to reimbursement for expenses incurred as a result of catastrophic illness. Federal reimbursement would be 90% of total eligible expenses.

ELIGIBLE expenses would be those health care costs above whichever of the following is the larger: (a) $1,000 for those 65 or $5,000 in any other case, or (b) 25% of the gross income of the individual or his family.

FUNDS FOR this two-part program would be managed by a Federal Health Care Trust Fund. Money for this trust fund would be raised through a 0.4% tax on wages and self-employment income, and on other income in excess of

$2,000 up to the maximum income in use for purposes of the social security tax. There would also be a 0.4% employer tax.

HALL ESTIMATES that the Part A would cost the federal government about $3.7 billion a year. The cost to the states for Part A would be about $600,000. Medicaid presently costs the states about $2.5 billion.

THERE was no estimate as to the cost of Part B, but Hall said that it would be only a small fraction of the cost of a comprehensive national health insurance program of the type being pushed by organized labor.

"ALL GOVERNMENT efforts to date have been directed at providing first-dollar coverage," Hall said. "Invariably, first-dollar coverage entails high administrative costs, for it requires that many small claims be processed. Thereby the substance of the program is eroded. My aim is to amend and to protect existing law or substitute therefor so that the public can be insulated from disastrously high costs; give meaningful relief to those hardest hit by extensive medical expenses; make the existing program work easier; and at the same time make the greatest use possible of the dollars available."

FAMILY PRACTICE, BIRTH CONTROL BILLS PASSED

THE 91ST Congress, in its final days approved two important medical bills dealing with family practice and birth control.

THE MAIN feature of the family practice legislation authorized a three-year, $225 million program to help medical schools establish and operate departments to train family physicians.

THE LEGISLATION passed the Senate and House with virtually no opposition. It was supported by the American Academy of General Practice and the American Medical Association. The Nixon Adiministration opposed it, mainly because of its categorical grant character.

ONLY nine U.S. medical schools already have established departments of family practice, and chief sponsors of the legislation hailed its passage as an important step toward alleviating the shortage of family physicians and slowing down the trend to specialization in the practice of medicine. It was praised as "a significant step in the efforts of Congress to meet the health crisis facing this nation."

A FAMILY planning bill authorizes birth control services, except abortion, for all American women who cannot afford them. The birth control services will include contraceptive drugs and devices, as well as consultations, examinations, and instruction.

THE LEGISLATION also provides for federal aid for birth control research and establishes an Office of Population Affairs in the Department of Health, Education, and Welfare.

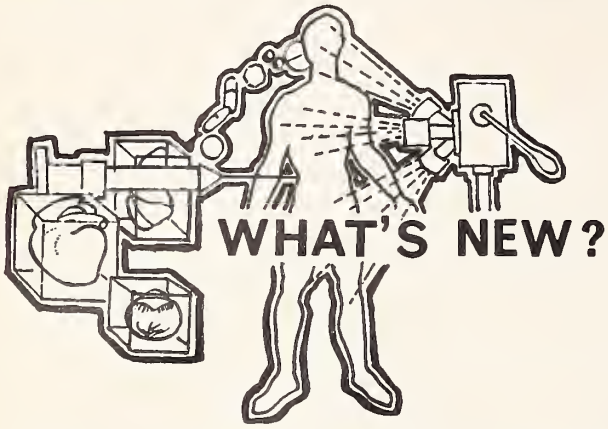
TO FINANCE the program for the first three years, House-Senate conferees agreed on a compromise authorization of $387 million. The House had approved $267 million for three years and the Senate, $967 million for five years.

EXPENDITURE of federal funds for abortion is prohibited.

PANEL URGES MULTI-BILLION DOLLAR CRUSADE AGAINST CANCER

A SPECIAL panel of Senate consultants urged a multi-billion dollar crusade against cancer to erase its "staggering" impact of death and suffering on all mankind.

Continued on page 18



Johnson & Johnson announces a new arterial graft which is made from the carotid arteries of cattle. A special process removes all immunologically active proteins from the arteries and produces a structure of pure collagen which is nonantigenic. It may be anastomosed to human arteries and does not "bleed through." J & J plan to have it available within a few months.

* * *

Wyeth's Tubex line has an addition in the form of repository corticotropin in both 40 USP units and 80 USP units. The Tubex line now includes 39 drugs and 72 dosage variations, the broadest line of pre-filled injectables available.

* * *

Isolation transformer systems made by Math Associates are recommended for inclusion in medical electronic circuits for the prevention of electrical shock. Each isolation system includes faulty ground and phase indicators, circuit breakers and AC line voltmeters.

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Wyeth has a new concept in unit dose packaging. Their Tubex packaging of narcotics and barbiturates will be replaced by a new line called Tamp-R-Tel®. Increased security and safety will be assured. Wyeth is also including Tetanus Immune Globulin (Human) to the Tubex family.

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Mead Johnson is offering a special nurser unit for feeding infants with cleft lip and/or palate or with other cranio-facial anomalies. The nurser has a special patented nipple and can be used in connection with the Beniflex Disposable Nurser system or with Ready-to-Use Formula at home.

* * *

"Cendavex" vaccine against rubella (German measles), which is made by a Smith Kline & French Belgian subsidiary, has been licensed. It has been extensively tested and found to cause fewer and less severe arthritis-like side effects than other vaccines.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

Brief Summary of Prescribing Information—9-9/22/69. For complete information consult Official Package Circular.
Indications: Essential hypertension. Use cautiously in patients with renal insufficiency, particularly if they are digitalized.
Contraindications: Anuria, oliguria, active peptic ulceration, ulcerative colitis, severe depression or hypersensitivity to its components contraindicates the use of Salutensin.
Warnings: Small-bowel lesions (obstruction, hemorrhage, perforation and death) have occurred during therapy with enteric-coated formulations containing potassium, with or without thiazides. Such potassium formulations should be used with Salutensin only when indicated and should be discontinued immediately if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occurs. Use cautiously, and only when deemed essential, in fertile, pregnant or lactating patients. *Use in Pregnancy:* Thiazides cross the placenta and can cause fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly electrolyte disturbances. Fatal reactions may occur with reserpine during electroshock therapy; discontinue Salutensin 2 weeks before such therapy. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Azotemia, hypochloremia, hyponatremia, hypochloremic alkalosis and hypokaliemia (especially with hepatic cirrhosis and corticosteroid therapy) may occur, particularly with pre-existing vomiting and diarrhea. Potassium loss or protoveratrine A may cause digitalis intoxication. *Potassium loss responds to potassium-rich foods, potassium chloride or, if necessary, discontinuation of therapy. Stop therapy if protoveratrine A induces digitalis intoxication.* Serum ammonia elevation may precipitate coma in precomatose hepatic cirrhotics. Discontinue therapy 2 weeks before surgery or if myocardial irritability, progressive azotemia or severe depression occur. Exercise caution in patients with chronic uremia, angina pectoris, coronary thrombosis or extensive cerebral vascular disease *or bronchial asthma* and in those with a history of peptic ulceration or bronchial asthma; in post-sympathectomy patients; in patients on quinidine; and in patients with gallstones, in whom biliary colic may occur. Patients who have diabetes mellitus or who are suspected of being prediabetic should be kept under close observation if treated with this agent.
Adverse Reactions: Hydroflumethiazide: Skin rashes (including exfoliative dermatitis), skin photosensitivity, urticaria, necrotizing angiitis, xanthopsia, granulocytopenia, aplastic anemia, orthostatic hypotension (potentiated with alcohol, barbiturates or narcotics), allergic glomerulonephritis, acute pancreatitis, liver involvement (intrahepatic cholestatic jaundice), purpura plus or minus thrombocytopenia, hyperuricemia, hyperglycemia, glycosuria, malaise, weakness, dizziness, fatigue, paresthesias, muscle cramps, skin rash, epigastric distress, vomiting, diarrhea and constipation. *Reserpine:* Depression, peptic ulceration, diarrhea, Parkinsonism, nasal stuffiness, dryness of the mouth, weight gain, impotence or decreased libido, conjunctival injection, dull sensorium, deafness, glaucoma, uveitis, optic atrophy, and, with overdosage, agitation, insomnia and nightmares. *Protoveratrine A:* Nausea, vomiting, cardiac arrhythmia, prostration, blurring vision, mental confusion, excessive hypotension and bradycardia. (Treat bradycardia with atropine and hypotension with vasopressors.)
Usual Dose: 1 tablet b.i.d.
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IN A BRIEF but detailed report to the Senate Labor and Public Welfare Committee on its four-month study of the disease, the 26-member panel estimated that 50 million Americans now living will develop the disease and that 34 million of them will die unless immediate steps are taken to curb it.

THE CONSULTANTS recommended a sweeping program keyed to consolidation of all existing cancer research projects into a national cancer authority directly responsible to the president.

"THE Committee is unanimously of the view that the conquest of cancer is a realistic goal if an effective national program along the lines in the report is promptly initiated and relentlessly pursued," said Benno C. Schmidt, co-chairman of the group.

IT RECOMMENDED doubling cancer research spending to $400 million in the 1972 fiscal year, and increasing it by $100 million to $150 million in subsequent years to a $1 billion level in 1976.

THE PANEL said their recommended program "is so important to the American people and to the world" that the money should be spent even if taxes have to be raised to pay the bill.

THE panel of consultants, which included labor and civic leaders as well as distinguished cancer researchers, said that the program should be devoted primarily to research into the causes and cures of cancer, rather than to patient care.

IT SAID that the cost of cancer has been estimated "as high as $15 billion per year," of which as much as $5 billion is spent on caring for patients. The balance is in the loss of earning power and productivity.

THE PANEL SAID that only 89 cents was spent last year for each man, woman and child in the United States on cancer research, compared with $140 per capita on national defense, $125 for the Viet Nam war and $19 each on space programs and foreign aid. ◄

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Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

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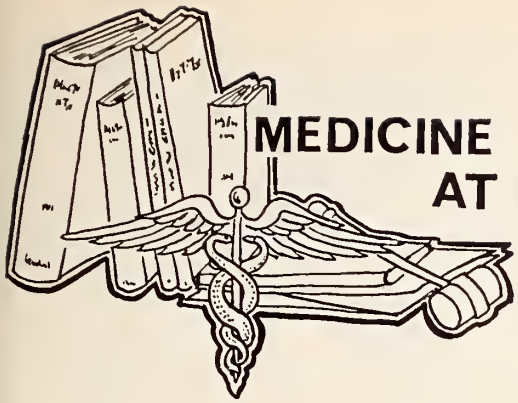

MEDICINE AT LAW

Physician's False Testimony on Qualifications Held Prejudicial—False testimony of a physician as to his qualifications was held prejudicial by the highest court of Kentucky, and judgments for accident victims, totalling more than $20,000, were set aside. The court held that the substantial amounts of the verdicts were necessarily based on the testimony of the physician, since he was the only expert to testify that the injuries suffered in the automobile accident would result in permanent pain and suffering.

The physician testified that he was licensed to practice medicine in Florida, Kentucky, Ohio, Michigan, Illinois, and Indiana. After the trial it was proved that the only state in which he was licensed was Kentucky. There was also some question regarding the truth of other testimony as to his experience and qualifications. The court ruled that the testimony was prejudicial and ordered a new trial on the question of damages. —*Fuson v. Van Bebber*, 454 S.W. 2d 111 (Ky. Ct. of App., May 15, 1970).

Insurance Company Liable for Inducing Move of Hospital Patient—A policyholder was awarded $3,079 in damages against a company insuring her for medical and hospital benefits. She alleged that agents of the company induced her to transfer from the acute care section of a hospital to a facility that did not qualify under the policy's definition of a "hospital." The award was made by a California jury.

The policyholder, a 62-year-old widowed amputee, claimed that insurance company agents persuaded her to transfer to the second facility by assuring her that she would be covered by insurance. The company denied that there was any inducement to transfer and argued that the agents had no authority to make commitments relative to coverage. They also claimed that the original consent of the company to the transfer was based on incorrect information regarding the character of the hospital to which the woman transferred.

The amount in dispute under the policy was $3,079. The policyholder also asked for $185,000 in punitive damages. The jury denied recovery of punitive damages. —*McBride v. Beneficial Standard Life Insurance Company* (Cal.Super.Ct., San Mateo Co., Docket No. 149671, 1970).

Hospital Records Admissible as Exception to Hearsay rule—Hospital records were held admissible in evidence even though the party objecting to their admission was denied the privilege of confronting and cross-examining the physician and nurse who made the entries. The ruling was made by a Texas appellate court in an appeal on a conviction of assault.

The victim of the assault was a diabetic and totally blind. After the assault he was hospitalized for approximately 24 days. At the trial, the hospital record was admitted in evidence over the objection of the accused assailant.

The hospital record contained notes showing that the victim was a diabetic, that he was totally blind, and that he had been beaten with a pole. The notes also described in detail the victim's complaints of pain as the result of a fractured arm and fractured ribs.

The alleged assailant contended that the hospital record was hearsay and that admission of the record without his having the right of cross-examining the physician and nurse who made the entries was prejudicial.

The hospital record was identified by the record librarian, who stated that it had been made during the regular course of business and that the entries were made at or near the time of the occurrences reported.

Affirming the conviction, the appellate court held that the record was admissible in evidence under a state statute providing that hospital records are admissible in evidence as an exception to the hearsay rule—*Flemons v. State of Texas*, 451 S.W. 2d 495 (Tex. Ct. of Criminal App., Feb. 25, 1970).

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Man lives within an extremely narrow range of temperature, electrolyte concentration and acid-base balance. This is the explanation of how normal acid-base balance is maintained in health and how treatment aids this process in disease.

The ABCs of Acid-Base Disturbances*

W. D. SNIVELY, JR., M.D., F.A.C.P.
BARBARA BRASHIER, B.A.
Evansville

Preview

WHY should the physician understand acid-base disturbances? One of many reasons: the physician cannot use modern miracle drugs to best advantage unless he has a working knowledge of acid-base disturbances. Granted, such knowledge is not needed for proper treatment of all patients; but in the critically ill patient prone to develop an acid-base disturbance, such knowledge can spell the difference between life and death. For a patient can die of a disease or of its complications even though the doctor uses the proper medication in the proper dose but does not recognize and treat an acid-base disturbance.

Although acid-base imbalances have been widely recognized as enormously important, they have frequently been regarded as incomprehensible. There is a good reason for this. Most of our information on the disturbances comes from biochemically-oriented experts who are unaware of the needs of the practicing physician. But acid-base disturbances *can* be reduced to their clinical essentials—can be understood with ease and clarity, can be treated successfully. The beneficiary of this important understanding will be the patient.

Human body fluid, which provides our internal environment, must be maintained in a narrow neutral zone between acidity and alkalinity. The word acid suggests something with a sharp, sour taste, such as a lemon. The term alkaline calls to mind substances with a bitter or acrid taste, such as baking soda. From ancient times, man has been familiar with the ability of acids and alkalies to neutralize each other.

A chemistry student would associate acid with any substance that turns litmus paper red. Alkali would call to mind a substance producing a blue reaction on litmus paper. To the farmer, the terms acid and alkaline refer to the condition of his soil. Some crops thrive in fairly acid soil; some require large amounts of alkali.

While acids and alkalies possess wide general interest, they are of particular interest to physicians. The importance of alkali in the human body has been known for nearly a century and a half. Perhaps O'Shaughnessy first suggested it in 1831, when he demonstrated that cholera produces not only deficiency of water and neutral salts, but also a pronounced loss of alkali. Thomas Latta applied this knowledge clinically and thereby saved the lives of a great number of patients in the terrible cholera epidemic that struck Scotland in 1831. Yet, Latta did not realize the significance of his accomplishment, and his pioneer work—for which he has been called "the apostle of fluid therapy"—was soon forgotten, unfortunately. For in the decades following, countless thou-

* Published simultaneously in *Reportes Medicos*, Mexico.

sands of people died of cholera because physicians did not know of Latta's accomplishments.

In 1877, Walter studied experimental acid intoxication, which produces loss of appetite, weakness, rapid respiration, and finally, coma and death. He observed that blood and lymph are normally slightly alkaline, giving a blue reaction to litmus paper. He also found that the reserve of alkali in the body fluids available for neutralizing metabolic acids could be estimated from the carbon dioxide content of the plasma. From these beginnings, the concept of acid-base balance, so important for the maintenance of a healthy internal environment, evolved.

The Key to Understanding

The early key to understanding acid-base disturbances is the knowledge of the hydrogen ion (H+) and how it acts in the body. Acids and alkalies have been defined in many ways. Here is a simple, accurate way of defining them. *An acid is a compound that gives up or donates hydrogen ions. A base is a compound that accepts hydrogen ions.* Although the quantity of hydrogen ions in the body fluid is extremely small, their action is so powerful that normal metabolism requires that they be closely regulated.

If our bodies are to function normally, there must occur a balanced interplay of countless chemical reactions, many of them controlled by regulatory enzymes and hormones. These are, in turn, greatly affected by hydrogen ion concentration; when the normal reaction of the blood is disturbed by a change in the hydrogen ion concentration, the body processes undergo serious disruptions. For example, when the body's reaction becomes acid because of increased hydrogen ion activity, the affinity of hemoglobin for oxygen is decreased, and transport may be impaired. This occurs in fever and in hemorrhagic shock. The respiratory center is affected, and rate and depth of breathing first increase, then decrease. Irritability and contractual force of the heart muscle decrease. There is an increase, then a decrease in vasomotor tone. Blood pressure response to epinephrine and to norepinephrine reduces. Water and chloride move into the cells, potassium leaves the cells.

Not only do these vital processes become abnormal, but, as the increase in hydrogen ion concentration continues, the ability of the body to correct the imbalance decreases. Ultimately, a point of no return may be reached. Doctors can prevent this unfortunate event by recognizing and treating abnormalities in hydrogen ion activity.

Abnormalities caused by excess acid occur more frequently than do those caused by excess alkali. Normal metabolism results in an enormous excess of acid (hydrogen ions), which must be excreted by way of the lungs in the form of carbon dioxide, or by the kidneys in the form of organic and inorganic acids. Impaired function of either lungs or kidneys can lead to acid retention. So can severe infections, diabetes, asphyxia, or circulatory failure. In these conditions, lactic acid—or keto acids—which in health are fully oxidized to carbon dioxide and water, accumulate and provide an excess of hydrogen ions.

Imbalances in water and electrolytes frequently cause changes in hydrogen ion activity. These changes are minimized when water and electrolytes are available in adequate quantities and when kidney function is proper. The changes in hydrogen ion concentration are accentuated when there is a deficit of water or electrolytes. Severe diarrhea, one of the world's most prevalent infections, can cause large losses of electrolytes, as well as of water and neutral salts, thus leading to greater than normal hydrogen ion activity. The vomiting of pyloric obstruction not only causes loss of water and electrolytes, but decreases hydrogen ion activity because of the loss of gastric hydrochloric acid.

Imbalances that tend to reduce hydrogen ion activity, referred to as alkalosis, may be due to excessive pulmonary ventilation or over-zealous administration of alkali, for example, in the treatment of peptic ulcer. Or they may result from excessive losses of electrolytes either from the gastrointestinal tract or in the urine. Some of the underlying conditions include kidney disease, deprivation of water or electrolytes, or stress.

By understanding the simple mechanisms that disturb hydrogen ion activity, and by using certain laboratory tests, the physician can do the following:

1) Evaluate the severity of the underlying disturbance.
2) Determine from the change in hydrogen ion activity whether the underlying problem is becoming more or less severe.
3) Arrive at rational methods of treatment.
4) Evaluate the results of therapy.

How Is Hydrogen Ion Activity Regulated?

The level of hydrogen ion activity is regulated by

1) Buffering of excess hydrogen by various chemicals produced in the body.
2) Respiratory exchange of carbon dioxide (CO_2). (Since CO_2 plus water equal carbonic acid, the terms *carbon dioxide* and *carbonic acid* are practically interchangeable.)
3) Body metabolism of intermediary acids.
4) Excretion of hydrogen ions by the kidney.

Although all these mechanisms work together in an attempt to keep hydrogen ion activity within the safe bounds of normal, by considering them separately we can better understand acid-base disturbances.

The Indispensable Buffers

Among the mechanisms that regulate the level of hydrogen ion activity are the body's chemical buffers. Buffers can be defined as substances that resist change in hydrogen ion activity when hydrogen ions are either added to or removed from the body.

Most buffers are weak acids that give up hydrogen ions in case of a deficit, or weak bases that take up hydrogen ions in case of an excess. In a sense, the latter store hydrogen ions, removing them from the battleground of acid-alkalinity conflict. If there were no body chemical buffers, adding 35 mEq. of lactic acid to the blood of an adult would increase the hydrogen ion activity 10,000-fold and cause death. In fact, in such an instance, body buffers limit the hydrogen ion activity change to less than a 2-fold increase.

Body buffers are found in the extracellular fluid—chiefly the blood—and within the cells. The blood buffers are, for the most part, bicarbonate (50% of the total), hemoglobin (30% of the total), and plasma protein (15% of the total). The chief buffer of the cells is the myoglobin, or muscle protein.

Role of the Lungs

In the patient whose lungs are functioning normally, abnormal hydrogen ion activity is quickly adjusted by respiratory action. This occurs by means of variation in respiratory activity, which changes the concentration of carbon dioxide in the alveoli. Increases in respiratory exchange cut down on the concentration of carbon dioxide in the alveoli. Decreases in respiratory exchange raise the CO_2 concentration in the alveoli. As the CO_2 concentration in the alveoli decreases, more carbonic acid is extracted from the blood. As the CO_2 concentration of the alveoli increases, less carbonic acid is extracted from the blood.

How Body Metabolism Helps

One of the so-called metabolic acids —lactic acid—may be considerably increased by vigorous exercise. Lactic acid is neutralized by chemical buffers; additional compensation occurs through increased respiration, which may bring hydrogen activity almost to normal. Finally, the lactic acid is gradually metabolized to CO_2 and water, and respiratory activity returns to normal. This form of compensation may take hours or days since it is far slower than that caused by lung action.

Role of the Kidneys

The kidneys excrete the inorganic acids resulting from normal metabolism. They may compensate by increased hydrogen ion excretion when carbonic acid or other acids raise hydrogen ion activity. The following mechanisms help excrete large amounts of hydrogen:

1) Large quantities of phosphate in the urine permit large quantities of hydrogen ions to be buffered and excreted.
2) Production and excretion of neutral ammonia binds hydrogen ions and increases their excretion.
3) The tubule cells of the kidney can actively transport hydrogen ions into the urine to maintain a concentration of nearly 100 times that in blood.
4) The kidneys reabsorb bicarbonate from the urine to provide increased buffering of excess hydrogen ions.

Kidney compensation is slow. It may take hours or days. The kidney's ability to regulate acid-base balance depends on the health of the kidneys, but also on adequate hydration and proper blood flow through the kidneys. For example, when the carbon dioxide tension reaches 60 millimeters of mercury, hydrogen ions, ammonia, and chloride are excreted in exchange for sodium, potassium, and bicarbonate ions, which are reabsorbed. The bicarbonate combines with the excess hydrogen ions. Such

LABORATORY VALUES OF IMPORTANCE

Plasma Sodium	142 mEq. per L.
Plasma Potassium	5 mEq. per L.
Plasma Chloride	103 mEq. per L.
Bicarbonate Content	28 mEq. per L.
CO_2 Combining Power	30 mEq. per L.
PCO_2 (Partial Pressure Carbon Dioxide)	40 mm. mercury
Urine pH	6
Plasma pH	7.4
Carbonic Acid	1.35 mEq. per L.
Carbonic Acid / Base Bicarbonate Ratio	1:20

Note: Bicarbonate values are usually 5 mEq. per liter lower in children.

TABLE 1

compensation is possible for countering dioxide tension as high as 65 millimeters of mercury. But for higher values, hydrogen ion activity remains abnormally increased.

When decreased hydrogen ion activity results from fluid loss in pyloric obstruction or from hyperventilation with a respirator, hydrogen ions are reabsorbed at the expense of sodium or potassium. Should sodium or potassium ions be in short supply, hydrogen ions may be excreted in order to prevent sodium and potassium loss: the urine becomes acid. Hydrogen ion deficit in such a situation is increased rather than corrected.

What Is pH?

Any acid placed in water breaks up, in whole or part, into component ions. Thus the acid HCl (or hydrochloric acid) breaks up or dissociates into hydrogen (H+) and chloride (Cl−). The strength of an acid depends on the degree to which it dissociates and on the concentration of the hydrogen ion that it contains.

In 1909, Sorensen introduced the symbol pH as a convenient way of expressing hydrogen ion concentration. Why was this necessary? The pH symbol was devised because of the awkwardness in expressing the tiny amounts of a hydrogen ion present in fluids. For example, the hydrogen ion concentration at the pH of water (7.0) is 1/10,000,000 of a gram per liter. That of a pH of 8 is 1/100,000,000 of a gram per liter. The hydrogen ion concentration within the normal body ranges from approximately 1/22,000,000 to 1/28,000,000 of a gram per liter. Expressed in milliequivalents, which we usually use for describing electrolytes, the milliequivalent of hydrogen in extracellular fluid ranges from 1/22,000 to 1/28,000 milliequivalent of hydrogen ion per liter.

Water dissociates into H and OH ions, but the fraction of ions actually dissociated is only 1/100,000,000,000,000, or 10^{-14}. Since pure water yields equivalent amounts of H and OH ions, the hydrogen concentration of pure water is 10^{-7}. Since pH is a reciprocal of the logarithm of the hydrogen ion concentration, the pH of water is 7. Acids have more hydrogen ions than water, so the pH of an acid is lower than 7. Bases are alkaline, having fewer hydrogen ions than water, so the pH of a base is higher than 7. The normal pH of the body fluids is about 7.4, so our body fluids really have a faintly basic, or alkaline, reaction. If our body fluids had the "neutral" water reaction of 7, we would be near death from acidosis. Though the concentration of H ions in the body fluids is tiny, this concentration must be maintained within narrow limits if we are to go on living, much less function normally. Always remember that the lower the pH value, the greater the hydrogen ion concentration. The higher the pH value, the lower the hydrogen ion concentration.

Describing Acid-Base Changes

Two general groups of factors contribute to the body's acid-base changes—respiratory and non-respiratory mechanisms. The latter is often termed metabolic, but the term non-respiratory is more inclusive, hence preferable.

It will help us greatly to picture in our mind's eye what really happens in acidosis and alkalosis if we use a simple mechanical analogy of the acid-base balance of body fluids. Recall that whether the body fluid is acid, neutral, or alkaline depends upon its concentration of hydrogen ions. When the concentration rises above a certain level, the patient's body fluid is acid; he has acidosis. When the concentration of hydrogen ions falls below a certain level, the patient's body fluid is alkaline; he has alkalosis. The chief factor in determining the hydrogen ion concentration of the body fluid is the ratio of carbonic acid to base bicarbonate. The latter consists of bicarbonates of sodium, potassium, calcium, or magnesium.

In determining the acidity of the body fluid, carbonic acid is twenty times as powerful as base bicarbonate. For this reason, body fluid will be neutral as long as we have one part, or 1 mEq., of carbonic acid to twenty parts, or 20 mEq., of base bicarbonate. Actually, the normal amount of carbonic acid is 1.35 mEq./L., with the normal amount of base bicarbonate 27 mEq./L. But the important determinant of acid-base balance is not the absolute amount of these substances, but the ratio. As long as the ratio is one part of carbonic acid to 20 parts of base bicarbonate, the patient's body fluid will be neutral.

Figure 1

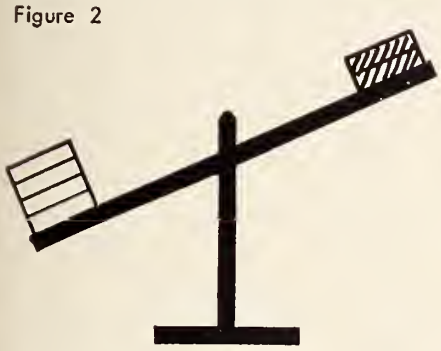
Examine our mechanical acid-base balance in Figure 1. On the right end of the balance we have four shaded blocks, representing the normal quantity of base bicarbonate in each liter of extracellular fluid. Each block has a value of 6.75 mEq. On the left side of the balance we have four white blocks, representing the normal quantity of carbonic acid in the extracellular fluid. Each white block represents about 0.33 mEq. of carbonic acid. The mechanical acid-base balance in Figure 1 is level. Let's see what can upset it:

Metabolic Acidosis (Primary Base Bicarbonate Deficit)

Suppose a baby develops a severe diarrhea with the production of acid metabolites. These neutralize half the

base bicarbonate of the extracellular fluid, so let us remove two of the base bicarbonate (or shaded) blocks. The balance tilts to the left, and acidosis is present. See Figure 2.

Figure 2



Since the body always tries to correct an imbalance, the lungs blow off carbon dioxide through deep, rapid breathing. This lessening of carbon dioxide reduces the amount of carbonic acid in the extracellular fluid. The lungs may blow off enough to partially restore balance—for example, the amount represented by one white block, which we see removed in Figure 3. Or, they might

Figure 3

blow off enough to restore balance, as shown when the second white block is removed in Figure 4. The kidneys

Figure 4

try to help the situation by retaining bicarbonate and excreting hydrogen. The urine becomes acid.

Let us suppose that pulmonary compensation was not adequate and that we still have an imbalance, as shown by one white block being restored, as in Figure 3. By giving the patient bicarbonate or lactate parenterally, or by giving him an alkaline solution by mouth, symbolized by adding another shaded block in

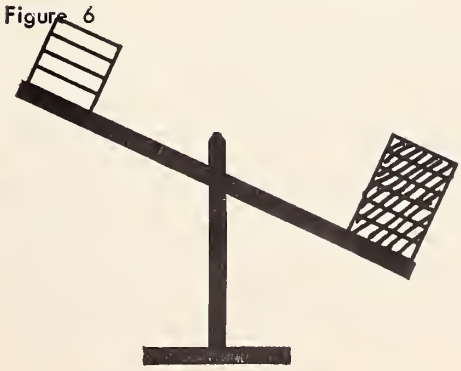
Figure 5

Figure 5, we have restored the balance to normal. Notice that we don't have the same amount of carbonic acid and bicarbonate as we did at the beginning. That is not important; what is important is the ratio.

Metabolic Alkalosis (Primary Base Bicarbonate Excess)

Let's start out again with four white blocks on the left and four shaded blocks on the right. Suppose the patient has vomited large amounts of chloride in his gastric juice. Chloride is an anion. As it is lost, the anion bicarbonate increases, since the total anions lost must always equal the total cations. Bicarbonate adds up, so we'll add two shaded blocks, as shown in Figure 6. The

Figure 6

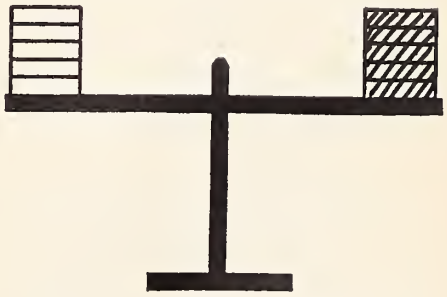


balance tilts to the right; alkalosis is present. The lungs hold back carbonic acid, shown by adding a white block, Figure 7. This does not restore the

Figure 7

balance to normal, so we will give chloride to reduce the amount of bicarbonate. Let's demonstrate this by removing a shaded block, Figure 8. The kidneys are also active in

Figure 8



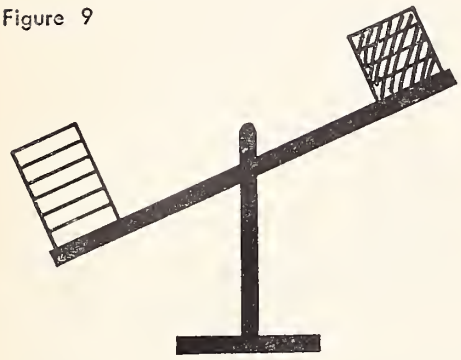
compensation. They excrete bicarbonate and hold back acid in an effort to restore the balance to normal.

Respiratory Acidosis (Primary Carbonic Acid Excess)

Again we start out with four shaded blocks and four white blocks. Let us suppose that the patient has pneumonia and cannot normally exhale carbon dioxide. Carbonic acid

increases, symbolized by adding two white blocks, Figure 9. The balance

Figure 9

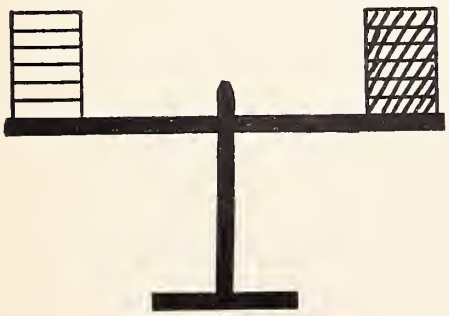


tilts to the left; respiratory acidosis is present. The lungs can't participate in compensation since they are affected by the pneumonia; but the kidneys can, and they hold back bicarbonate, symbolized by adding a shaded block, Figure 10. This helps

Figure 10

restore the balance to normal. We could further help restore the balance by giving bicarbonate or lactate, as symbolized by the additional shaded block, Figure 11. But the most important measure is to cure the primary pulmonary disease. Suppose we have done this, symbolized by removing two white blocks, Figure 6. The compensatory increase in bicarbonate will then be reduced by the body, as symbolized by removing the two shaded blocks, Figure 1.

Figure 11



Respiratory Alkalosis (Primary Carbonic Acid Deficit)

Now suppose that the patient is hyperventilating because of hysteria. Excessive quantities of carbon dioxide are blown off from the lungs. The carbonic acid in the extracellular fluid is reduced, symbolized by removing two white blocks, Figure 12. Alkalosis occurs. The lungs can't

Figure 12

participate in compensation, but the kidneys can and do. They permit bicarbonate to pass through the urine, symbolized by removing two shaded blocks, Figure 4. The balance returns, or tends to return, to normal. Restoration to the initial quantities of carbonic acid and base bicarbonate will be achieved only when normal retention of carbon dioxide occurs with the relief of the hysteria. Let's symbolize this by adding two white blocks, Figure 2. The kidneys then permit bicarbonate to return to normal, as symbolized by adding two shaded blocks, Figure 1.

By use of the mechanical analogy, you can reproduce any acid-base disturbance that can occur. Not only can you reproduce metabolic acidosis or metabolic alkalosis, respiratory acidosis or respiratory alkalosis, you can reproduce combinations of the two types of imbalances. The balance is also useful in helping to evaluate the results of laboratory findings. But always keep in mind that the *absolute* quantities of carbonic acid or bicarbonate make no difference; it is the *relative* quantities. As long as one increases base bicarbonate—for example, by doubling it—and at the same time increases carbonic acid by the same factor, the acid-base balance is maintained. It is also maintained when one divides both quantities by the same factor. Acid-base imbalances occur, then, when one increases carbonic acid or base bicarbonate, or decreases carbonic acid or base bicarbonate, without a corresponding change in the other. Note that metabolic or systemic (nonrespiratory) conditions affect the right side of the balance, while pulmonary, or lung, conditions affect the left side.

Measurement of Acid-Base Disturbances

To completely describe an acid-base disturbance, we must know the pH, the serum bicarbonate concentration, and the serum carbonic acid concentration, or the pCO_2. When two of these values are known, we can find the third by use of a nomogram. The pH and pCO_2 can be accurately determined by use of an electronic meter. Although the carbonic acid concentration cannot be measured directly in a hospital laboratory, the carbonic acid is proportional to the pCO_2. Or, when the pH and plasma bicarbonate or total carbon dioxide content are known, we can find the pCO_2 from a nomogram.

The plasma bicarbonate concentration is not measured directly. We can learn it indirectly from the CO_2 content or the CO_2 combining power. The CO_2 content measures the total carbon dioxide freed when we acidify the plasma. It includes the carbon dioxide dissolved in plasma, carbon dioxide derived from bicarbonate, and carbon dioxide derived from

plasma carbonic acid. The CO_2 combining power measures the carbon dioxide of plasma that has been equilibrated with 5.5 per cent carbon dioxide having a partial pressure of 40mm. of mercury. This is the normal carbon dioxide concentration of the breath of a healthy human.

The CO_2 content is virtually the same as the CO_2 combining power or CO_2 capacity before equilibration with carbon dioxide. If the CO_2 content is higher than the CO_2 capacity, then the pCO_2 of the patient is elevated. If the CO_2 content is lower than the CO_2 capacity, then the pCO_2 of the patient is depressed. An elevated pCO_2 occurs in respiratory acidosis; a depressed pCO_2 occurs in respiratory alkalosis.

Table 1 shows normal chemical values of use in measuring acid-base disturbances.

Base Bicarbonate Deficit (Metabolic Acidosis)

Base bicarbonate deficit results from many causes. In general, they involve an increased intake of acid, retention of acids normally produced, or loss of base bicarbonate. Viewing base bicarbonate deficit from the clinical standpoint, we see that it is frequently associated with infection. Infections encouraging a loss of intestinal secretions, such as diarrhea, regional enteritis, or colitis, are perhaps the most important cause of metabolic acidosis. In addition, localized or generalized infections contribute to metabolic acidosis via chemical by-products.

Bacterial shock, generally following infections caused by Gram-negative bacteria but sometimes caused by fungi, rickettsiae, viruses, and Gram-positive bacteria, often causes metabolic acidosis. What occurs: Endotoxin (the fever-producing agent of bacterial origin) affects the blood within the vascular bed, causing pooling. Decrease of oxygen in tissues causes the body to produce excessive lactic acid. Sometimes treatment of infection contributes to metabolic acidosis, as when sodium chloride solution is given to correct extracellular fluid deficit.

Other causes of metabolic acidosis include diabetes mellitus, starvation, or a ketogenic diet. Indeed, any clinical event producing excessive quantities of acidic materials, such as ketones, or organic acid ions can upset the balance. Renal insufficiency, for example, causes retention of organic acid ions.

Whatever the reason for their presence, ketone, chloride, or organic acid ions replace bicarbonate ions. If enough acidic ions are present, the pH of the extracellular fluid drops below 7.35. Acidosis is present. The base bicarbonate deficit of metabolic acidosis is said to be *primary* since it is the immediate cause of the disturbance of acid-base balance.

Immediately the body begins compensatory action. The lungs blow off carbonic acid, as carbon dioxide, in an effort to lighten the carbonic acid side of the seesaw and thus restore balance. This action of the lungs is responsible for the hyperactive "Kussmaul" type of respiration that characterizes metabolic acidosis. In a mild base bicarbonate deficit, only shortness of breath may occur. In moderate and severe metabolic acidosis, breathing becomes deep and periodic in older children and adults, deep and rapid in some infants and young children. But in some instances of severe acidosis, breathing may actually be hypoactive. Hyperactive breathing is usually absent in very young infants with metabolic acidosis.

Along with symptoms caused by the body compensatory action, other symptoms occur: weakness, disorientation, and stupor progressing to coma. The kidneys assist in compensation. They conserve base bicarbonate while excreting hydrogen ions and non-bicarbonate anions. The urine becomes acid.

The laboratory findings in base bicarbonate deficit include an acid urine with pH below 6.0. In certain unusual situations, however, the urine may be alkaline in acidosis. Nitrazine® paper gives a pH reading readily when referring to the color comparison chart provided with the papers. The plasma pH will be found to be below 7.35. The plasma bicarbonate (HCO_3-) is below 25 mEq. per liter in adults and below 20 mEq. per liter in children. The plasma bicarbonate invariably reflects the level of base bicarbonate. As will be seen, it does *not* indicate whether acidosis or alkalosis is present. Of itself, it gives no clue to the pH of the extracellular fluid.

The goal of therapy of base bicarbonate deficit is to restore the level of base bicarbonate of the extracellular fluid. This can be done by administering a solution of sodium bicarbonate. Since this may be hazardous, solutions containing sodium lactate are usually employed. Lactate ions are metabolized in the liver and are replaced by bicarbonate ions, which restore the base bicarbonate side of the seesaw.

In management of base bicarbonate deficit, generous amounts of fluid are important to repair the fluid volume deficit that is invariably present. Carbohydrate is administered as part of the parenteral solution to provide a fat-free source of energy.

A 0.9% solution of sodium chloride, also designated "normal saline" or "physiological solution of sodium chloride," has been employed in the management of base bicarbonate deficit, as well as of many other fluid imbalances. Such a solution of sodium chloride, which we prefer to call "isotonic solution of sodium chloride," is actually *contraindicated* for many conditions. This is particularly true in the case of base bicarbonate deficit (metabolic acidosis).

Although called "physiological," this solution is actually *unphysiological*. The reason is this: extracellular

fluid contains 142 mEq. of sodium per liter; an isotonic solution of sodium chloride contains 154 mEq. of sodium per liter. Thus, in isotonic solution of sodium chloride, the sodium content is 12 mEq. per liter above the sodium content of extracellular fluid. Although not definitely harmful, this is not ideal. The chloride of extracellular fluid is 103 mEq. per liter; but the chloride of isontonic solution of sodium chloride is 154 mEq. per liter, an excess of 51 mEq. of chloride per liter over the chloride of plasma. Therefore, isotonic solution of sodium chloride forces an excess of 51 mEq. of chloride upon the body for each liter of the solution given.

Now the kidneys must maintain, virtually unchanged, the electrolyte composition of the extracellular fluid. Thus, an additional work load is imposed upon the kidneys, for they must excrete the excess of 51 mEq. of chloride for each liter given. If the kidneys are already under stress, the imposition of this additional load is especially serious. In some situations it may actually encourage development of base bicarbonate deficit (metabolic acidosis), since the excess chloride tends to decrease the relative amount of base bicarbonate in the extracellular fluid and, hence, to disturb the carbonic acid:base bicarbonate ratio.

Base Bicarbonate Excess (Metabolic Alkalosis)

Again, infectious disease often promotes development of base bicarbonate excess, or metabolic alkalosis. Infections which promote vomiting cause loss of stomach secretions, which include large quantities of chloride and potassium. This promotes alkalosis. Potassium deficit, which by itself makes the patient more prone to develop alkalosis, can be caused by giving enormous doses of a sodium salt of an antibiotic. Alkalosis can also be promoted by prolonged administration of a potassium-free solution for correction of an extracellular fluid volume deficit.

Vomiting from pyloric obstruction, high intestinal obstruction, or pernicious vomiting of pregnancy causes metabolic alkalosis through potassium and chloride depletion. X-ray therapy can also encourage potassium loss. Other conditions contribute too. These include administration of thiazide diuretics, hyperadrenalism, adrenal tumor, overdosage of ACTH, or overdosage of adrenal corticoids.

Loss of chloride causes a compensatory increase of base bicarbonate. Remember that the total height of the anion column of electrolytes must always equal the total height of the cation column. Loss of potassium encourages base bicarbonate excess, apparently by causing increased loss of hydrogen by way of the renal tubular cells. When the patient ingests excessive amounts of sodium bicarbonate, as in improperly controlled alkali therapy of peptic ulcer, the base bicarbonate can be increased excessively.

When the amount of base bicarbonate in the extracellular fluid becomes excessive for any cause, the seesaw tips to the right. The pH rises above 7.45. Alkalosis is present. Base bicarbonate excess, as it occurs in metabolic alkalosis, is said to be *primary* since it is the immediate cause of the acid-base imbalance.

As soon as alkalosis develops, the body compensates and the lungs hold back cardon dioxide in an effort to build up the carbonic acid side of the seesaw and restore balance. This results in the suppression of breathing, sometimes noticed as a symptom of base bicarbonate excess. The kidneys excrete bicarbonate ions and retain hydrogen ions and non-bicarbonate anions in an effort to restore the normal carbonic acid:base bicarbonate ratio. Thus, the urine is found to be alkaline.

The increased alkalinity of the extracellular fluid in alkalosis decreases the ionization of calcium. Hence, tetany due to calcium deficit may be observed. In severe metabolic alkalosis, tetany may progress to convulsions. Muscle hypertonicity and hyperactive reflexes may be observed in base bicarbonate excess.

As determined conveniently by use of Nitrazine® paper, the urine becomes alkaline, with pH above 7.0. However, the urine may sometimes be acid in alkalosis. The pH of the plasma is found to be above 7.34. The plasma bicarbonate is above 29 mEq. per liter in adults and above 25 mEq. per liter in children. Note that the plasma bicarbonate reflects the amount of base bicarbonate.

In therapy of base bicarbonate excess (metabolic alkalosis), a chloride-containing solution is given. The chloride ions of the solution replace bicarbonate ions and thus help relieve the primary base bicarbonate excess that is responsible for this imbalance. Since base bicarbonate excess is almost invariably accompanied by potassium deficit, potassium ions should be given.

Carbonic Acid Deficit (Respiratory Alkalosis)

Any clinical condition that increases rate and depth of breathing can cause carbonic acid deficit. Such conditions can be associated with infection, as when an infection causes a base bicarbonate deficit, and the lungs overcompensate by deep, rapid breathing. This produces a carbonic acid deficit and helps counteract the acidosis. Fever has the same effect. Various infections of the central nervous system, such as encephalitis, which increase the rate and depth of breathing, can cause carbonic acid deficit. In bacterial shock, respiratory alkalosis can develop because of hyperventilation. As shock persists, lactic acidemia and metabolic acidosis follow.

Patients placed in a respirator because of infectious disease can overbreathe due to anxiety. Other causes of carbonic acid deficit include oxy-

gen lack, high environmental temperature, salicylate intoxication in its early stages, voluntary overbreathing and hyperventilation due to hysteria. These all cause excessive blowing off of carbon dioxide through the lungs, which decreases the amount of carbonic acid in the extracellular fluid; the seesaw tilts to the right, pH rises to above 7.45. Alkalosis is present. The carbonic acid deficit of respiratory alkalosis is *primary* since it is immediately responsible for the disturbance of acid-base balance.

Body compensatory action begins. The lungs are unable to participate in this action since they are neutralized by the primary disease. The kidneys actively participate, however, and excrete bicarbonate ions while retaining hydrogen ions and nonbicarbonate anions. As a result, the urine becomes alkaline. Because of the decreased ionization of calcium caused by the alkalinity of the extracellular fluid, tetany may occur. Again in severe respiratory alkalosis, this may proceed to convulsions.

The urine is usually alkaline, with a pH above 7.0, readily determined by use of Nitrazine® paper. The plasma bicarbonate is found to be below 25 mEq. per liter for adults and 20 mEq. per liter for children. Depressed bicarbonate reflects body compensation on the seesaw.

In therapy of carbonic acid deficit, primary efforts should be directed at management of the pulmonary or systemic abnormality that caused the overbreathing initially. Parenteral fluid therapy may be of assistance. Chloride ions are sometimes given to replace bicarbonate ions and thus lighten the base bicarbonate side of the balance.

After compensation has occurred, the total amount of carbonic acid and base bicarbonate may be only half of the amounts prior to the onset of alkalosis. The ratio, however, is 1 to 20 in spite of the differences in absolute amounts of carbonic acid and base bicarbonate, and the pH of the extracellular fluid is within normal limits. The total amounts of carbonic acid and base bicarbonate shown prior to onset of the imbalance will not be restored until the disease that initially caused the imbalance is corrected. Before such restoration is achieved, the patient is said to be in "compensated respiratory alkalosis," in spite of the fact that the ratio of carbonic acid to base bicarbonate is 1 to 20 and the pH of the extracellular fluid lies between 7.35 and 7.45.

Carbonic Acid Excess (Respiratory Acidosis)

Any clinical condition that causes a retention of carbon dioxide in the lungs can produce carbonic acid excess. Infectious processes that inhibit respiratory exchange—such as pneumonia, bronchitis, or tracheitis—can produce carbonic acid excess, as can infectious involvement of the medulla oblongata. Any infectious process that depresses respiration, whether because of involvement of muscles, of respiration, or because of its nervous control, can cause carbonic acid excess.

Other clinical causes of the imbalance include morphine poisoning, barbiturate poisoning, mechanical blockage of the breathing passages or breathing of air rich in carbon dioxide. In this imbalance, the seesaw tilts to the left.

The pH of the extracellular fluid drops to below 7.35. Acidosis is present. The carbonic acid excess of respiratory acidosis is *primary* since it is immediately responsible for the disturbance of acid-base balance. Breathing is found to be suppressed. Other clinical findings include disorientation, weakness and, in severe imbalances, coma.

The lungs are unable to participate in body compensatory action since they are not functioning normally. The kidneys attempt compensation by conserving base bicarbonate while excreting hydrogen ions and nonbicarbonate anions. As a result of this renal action, the urine becomes acid.

The urine pH is below 6.0, readily determined by use of Nitrazine® paper. The plasma pH is below 7.35. The bicarbonate content of the plasma is above 29 mEq. per liter for adults and above 25 mEq. per liter for children. The bicarbonate value reflects the quantity of base bicarbonate.

Therapy should be primarily directed at relieving the pulmonary or systemic cause of the imbalance. If parenteral fluids are given, lactate ions should be included in the solution. These are metabolized in the liver and are replaced by bicarbonate ions to cause a weighting of the base bicarbonate side of the seesaw.

After compensation, the total amounts of carbonic acid and base bicarbonate may be twice the amounts that existed prior to the onset of acidosis. Since the ratio is 1 to 20, the pH of the extracellular fluid is within normal limits. The total amounts of carbonic acid and base bicarbonate shown prior to onset of the imbalance will not be restored until the pulmonary or systemic disease that initially caused the imbalance is corrected. Before such restoration is achieved, the patient is said to be in "compensated respiratory acidosis," in spite of the fact that the *ratio* of carbonic acid to base bicarbonate is 1 to 20 and the pH of the extracellular fluid lies between 7.35 and 7.45. This term, like the term "compensated respiratory alkalosis," is misleading.

Comment

Through necessity, clinical descriptions of the acid-base disturbances and of their therapy are extremely brief. However, we have shown enough to clearly reveal the principles involved and, therefore, to permit understanding of the many complex acid-base disturbances described in standard textbooks as well as in the current literature. While treatment of any acid-base disturbance must be directed at removal of the

cause, it is often advantageous to support the body's efforts at correction by administration of appropriate solutions. This is especially true in the case of the metabolic disturbances. There are two general methods of calculating the quantity of treatment solutions. One is to use a so-called balanced solution as originally described by Butler, Talbot and Lowe. Such solutions provide water and electrolytes in quantities balanced between the minimal needs and maximal tolerance of the body. The patient's regulatory mechanisms select the water and electrolytes needed and excrete those not needed. Such solutions offer the advantage that they can be used either for acidosis or alkalosis.

Some physicians, on the other hand, prefer to administer carefully calculated quantities of bicarbonate or lactate for acidosis, and chloride for alkalosis. Each method of treatment has its enthusiastic supporters. In the case of respiratory acidosis, every effort must be made to increase ventilation. In the case of respiratory alkalosis, the abnormal conditions promoting excessive ventilation must be corrected. Treatment is frequently difficult, may involve the judicious administration of carbon dioxide and oxygen.

Acknowledgements

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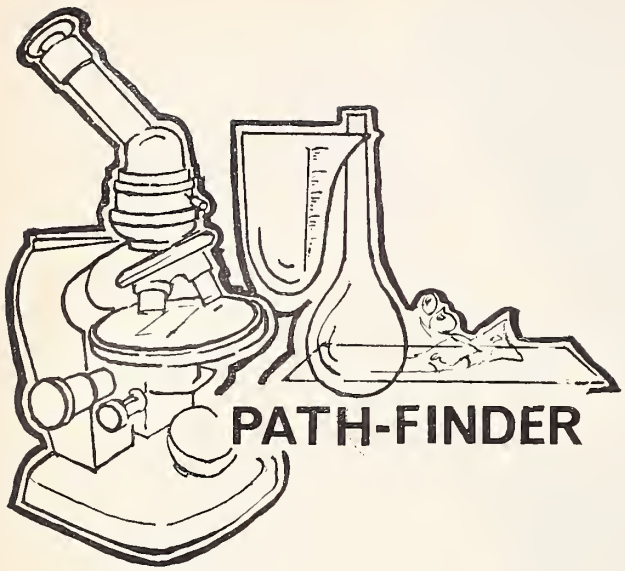

This series is intended to emphasize the importance of judicious selection and proper interpretation of newer laboratory procedures as applied to differential diagnosis of various diseases. It is edited by Leon L. Blum, M.D., Terre Haute.

*Lupus Erythematosus And The L. E. Cell**

Lupus Erythematosus is a collagen disease with protean clinical manifestations. The basic anatomical lesion is fibrinoid degeneration which usually affects the connective tissue of the serous and synovial membranes, vascular system and skin. Characteristic lesions may occur in the heart and kidneys. There is evidence that the pathologic changes are due to an auto-immune phenomenon since abnormal proteins have been discovered in the gamma globulin fraction of the blood and also in the connective tissue lesions. Fibrinoid is a substance that resembles fibrin microscopically and also contains gamma globulin. Besides containing fibrinoid, the lesions may be necrotic and show acute and chronic inflammatory changes as well as granulomatous reactions. Hematoxylin bodies, which appear as small purplish globules in stained preparations, are sometimes present. They presumably represent nuclear material that has been altered by some substance in the gamma globulin fraction of the plasma.

Chronic discoid *lupus erythematosus* is a cutaneous disorder which usually affects the face, scalp and chest. Isolated patches may appear in other areas. If the cutaneous involvement is widespread the term, chronic disseminated discoid lupus, is sometimes used. Except for the cutaneous lesions, these forms of lupus are usually asymptomatic. Exacerbations and extensions of the lesions may occur, especially in the spring and summer. Dissemination may occur spontaneously or following undue exposure to sunlight, cold, infection and certain drugs.

On the other hand, systemic *lupus erythematosus* involvement is more widespread. The clinical pattern is usually quite variable since one organ may be involved at a time, or different organs involved at different times. Fever, weight loss, arthritis and arthralgias, mucocutaneous lesions, photosensitivity, generalized lymphadenopathy, pleurisy cardiac and renal involvement anemia and leukopenias are all seen at various times, and in various combinations in this form of the disease. Systemic *lupus erythematosus* may be a ful-

* Prepared by the Section of Practice of Pathology in the Private Office, College of American Pathologists.

minating disease with death occurring within a few weeks. Patients with less acute and subacute forms may live a few years, and those with mild or chronic systemic lupus may live 10 years or longer.

The finding of *lupus erythematosus* (L. E.) cells in a patient suspected of having systemic lupus is strong supportive evidence for such a diagnosis. The *lupus erythematosus* cells were first described by Hargraves in 1948. They were initially described in the bone marrow; however, as technics improved, the peripheral blood was also found suitable for such testing. The L. E. cell is usually a polymorphonuclear leukocyte whose cytoplasm is distended by ingested altered nuclear material. Its formation in patients with systemic lupus is dependent upon the presence of the L. E. plasma factor. The gamma globulin fraction of the plasma contains the L. E. factor; however, little is known of its origin or its role in the pathogenesis of lupus. It has the ability to depolymerize and thereby alter the staining ability of nucleoprotein. The nuclear material in an L. E. cell is perfectly smooth and homogeneous. It is violet in color when treated with one of the Romanowsky stains. Usually it distends the cytoplasm of the polymorphonuclear cell that has ingested it and compresses the nucleus to one margin. The ingested globular mass of nuclear material must be smooth and homogeneous if the cell is to qualify as an L. E. cell. One may find the globular mass extracellularly or surrounded by several polymorphonuclear leukocytes to form a rosette-like configuration. Although these structures do not have the same diagnostic significance as typical L. E. cells, they are often associated with them and are indications for a diligent search for typical L. E. cells. In some instances the ingested material will be clumped within polymorphonuclear cells and unevenly stained and nucleoli may still be recognizable. These changes do not support the diagnosis of lupus and indicate the absence of the depolymerization action of the L. E. plasma factor. Polymorphonuclear leukocytes or monocytes containing this type of material are termed Tart cells because they were first described in a patient with this name.

There are several procedures by which L. E. cells may be produced. They all require the presence of the L. E. plasma factor, a source of nucleoprotein and viable polymorphonuclear leukocytes. Although false positive reactions have been described, the presence of an L. E. cell is almost pathognomonic of systemic *lupus erythematosus*. L. E. cells have been reported in cases of rheumatoid arthritis, hemolytic anemia, glomerulonephritis, drug reactions, serum sickness and following prolonged administration of hydralazine. The number of false positive reactions are minimized by adhering rigidly to the aforementioned criteria. The L. E. plasma factor may be preserved by refrigeration or freezing. It is destroyed by heating to temperatures of 65° C or above. The L. E. phenomenon cannot usually be manifested in patients receiving ACTH. It may sometimes be difficult to detect in patients with true *lupus erythematosus* and repeated examinations should be performed if the disease is strongly suspected clinically. Repeated L. E. tests are positive in approximately 75 to 80 percent of patients who have clinically typical cases. A single random test will only be positive about 25 to 40 percent of the time. Material needed for the test: 5 ml. clotted blood.

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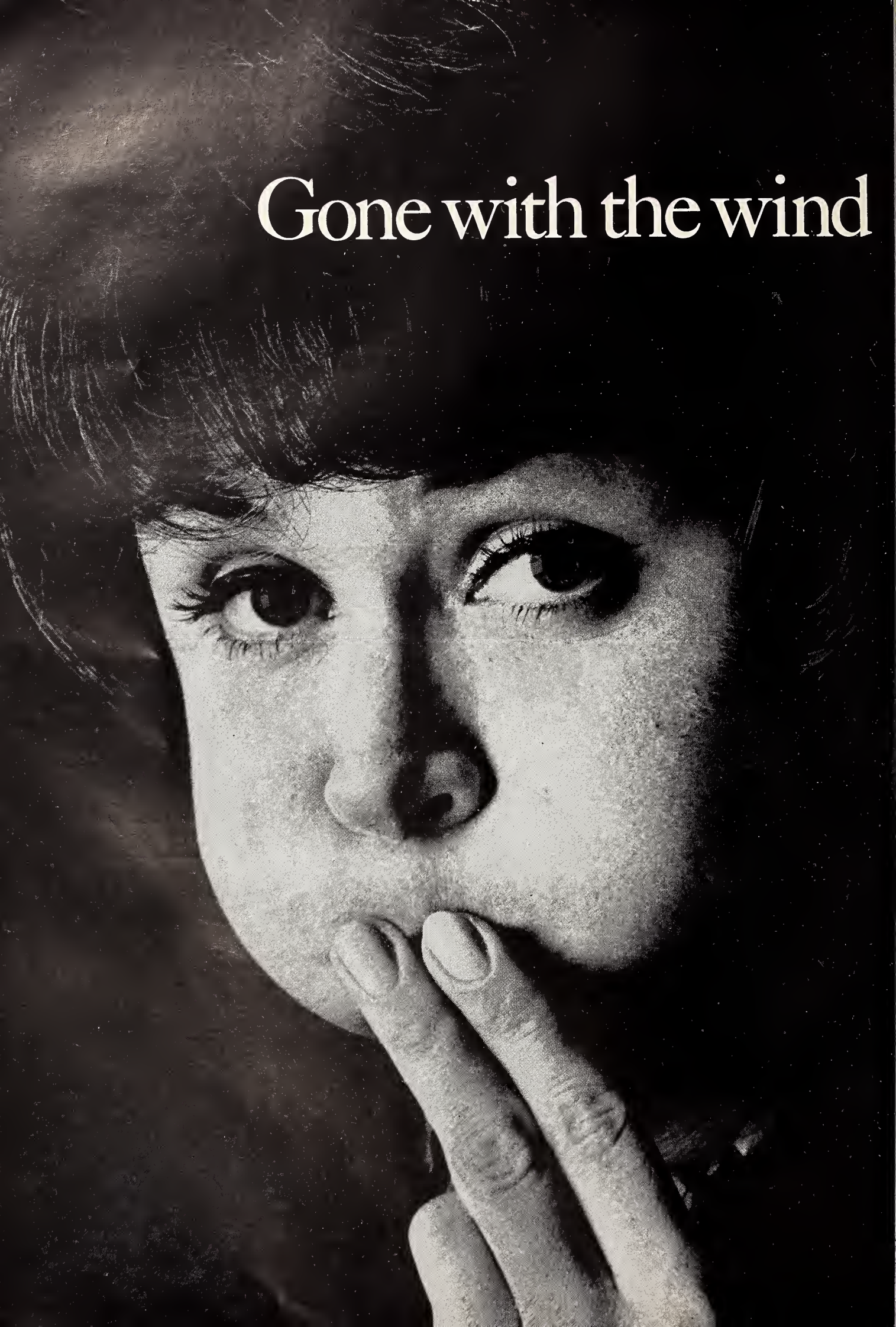

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*Slanger, A.: Med. Times *94*:150 (Feb.) 1966.

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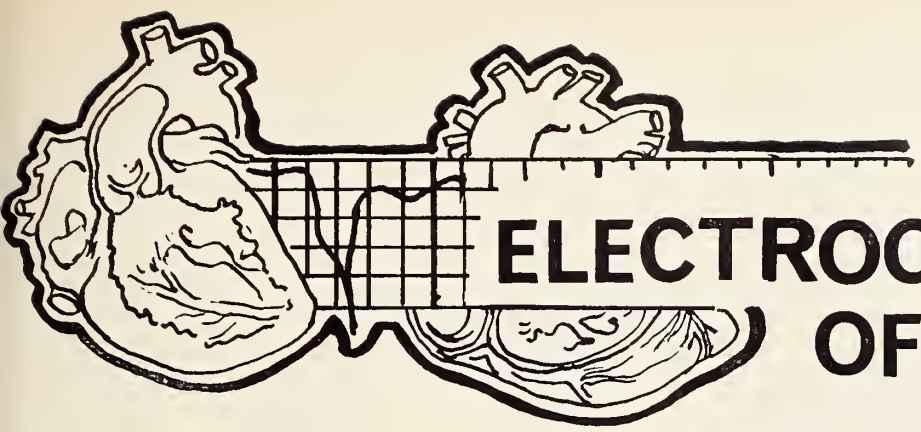

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CHARLES FISCH, M.D.*

Indianapolis

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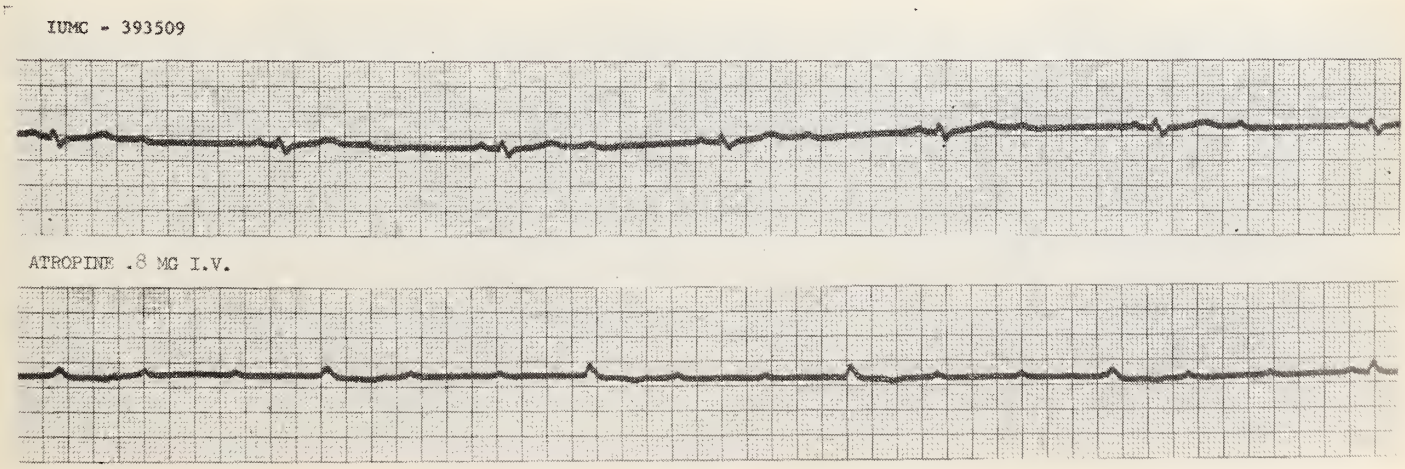
The top row demonstrates a 2:1 A-V heart block. The sinus rate is about 65 per minute. After administration of 0.8 mg of atropine, intravenously, the sinus rate accelerated to about 80 and this increase resulted in complete A-V block. ◄

* From the Krannert Institute of Cardiology Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.



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Guest Editorials

The Little Red Hen (Revisited)

(Doug Smith, a British Columbia writer, produced this variation on the children's classic.)

ONCE upon a time there was a little red hen who scratched about and uncovered some grains of wheat. She called her barnyard neighbors and said, "If we work together and plant this wheat, we will have some fine bread to eat. Who will help me plant the wheat?" "Not I," said the cow. "Not I," said the pig. "Not I," said the duck. "Not I," said the goose. "Then I will," said the little red hen, and she did.

The wheat grew tall and ripened into golden grain. "Who will help me reap my wheat?" asked the little red hen. "Not I," said the duck. "Out of my classification," said the pig. "I'd lose my seniority," said the cow. "I'd lose my unemployment insurance," said the goose.

Then it came time to bake the bread. "That's overtime for me," said the cow. "I'm a dropout and never learned how," said the pig. "If I'm the only one helping, that's discrimination," said the goose. "Then I will," said the little red hen. and she did.

She baked five loaves of fine bread and held them all up for the neighbors to see. They all wanted some, demanded a share. But the red hen said, "No. I can rest for awhile and eat the five loaves myself." "Excess profits," cried the cow. "Capitalistic leech," screamed the duck. "Company fink," grunted the pig. "Equal rights," yelled the goose. And they hurriedly painted picket signs and marched around the little red hen singing, "We shall overcome." And they did.

For when the farmer came, he said, "You must not be greedy, little red hen. Look at the oppressed cow. Look at the disadvantaged duck. Look at the underprivileged pig. Look at the less fortunate goose. You are guilty of making second-class citizens of them." "But . . . but," said the little red hen, "I earned the bread." "Exactly," said the wise farmer. "That is the wonderful free enterprise system; anybody in the barnyard can earn as much as he wants. You should be happy to have this freedom. In other barnyards, you'd have to give all five loaves to the farmer. Here you give four loaves to your suffering neighbors." And they lived happily ever after, including the little red hen, who smiled and clucked: "I am grateful. I am grateful."

But her neighbors wondered why she never baked any more bread. —Reprinted with permission from the Journal of the Iowa Medical Society.

Free Enterprise Is for Everyone

The Communist and Socialist movements have never lacked idealists. Even back in the mid-19th Century Karl Marx honestly envisioned Communism-with-a-heart. The Fabian Socialists in Britain during the early 1900's were authentic people-lovers. Why have their dreams never materialized?

For a very simple reason. When you remove the institution of individual ownership all individuals become employees. The power of individual business decisions vanishes and all must conform to a larger plan. The larger plan requires conformity, which means coercion. It can be adjusted only by the assignment of work and the rigging of prices unrelated, first, to costs and, inevitably, to efficiency.

The huge bureaucracy that necessarily results is no longer audited by

public demand and public preference. It can't be. The plant management that produces the cheaper and better widget upsets all other plant managements. To move that which is shoddy, and to dampen the rush for quality, prices unrelated to production costs must be imposed.

The American businessman supports what we call "free enterprise," first, of course, because without it he would be out of business.

But what the American businessman has, perhaps, failed to emphasize adequately is that his fight is the people's fight. For what he is really battling for is the right of customer-option. And the extent of a man's freedom is judged by the number of his options.

The idea that the best government is the one that tries hardest to take care of the people has some sobering limitations. The most utterly-cared-for people are those who live in penitentiaries. They can count on being housed, clothed and fed.

Free enterprise is not merely business's bag. It's everybody's bag. The other system has been through half a century of having its own way. Read what its founding fathers said it would do, and look at what it has done.

Communism-with-a-heart?

Forget it, kids.—**Jenkin Lloyd Jones, President, Chamber of Commerce of the United States.**

Editorial Notes . . .

Ultrasonic carotid echoarteriography is being studied at the University of Cincinnati to determine whether it will be useful in estimating the degree of sclerosis present and the consequent limitation of cerebral blood supply. The preliminary work is encouraging. The accuracy of the method is checked by ultrasonic measuring of arteries which have been operated upon.

Drug Teaching Guide

A CURRICULUM guide to help teachers in grades kindergarten through high school teach about drugs has been published by the American School Health Association and the Pharmaceutical Manufacturers Association.

. . . . The guide is available nationally to meet curriculum needs beginning with the 1970-71 school year.

The foreword of the publication notes that "a curriculum guide for the nation's teachers has become a paramount need" so that school age children can receive "accurate and adequate knowledge of modern medicines, illicit drugs and other chemicals that have a potential for abuse".

. . . . Prepared by leading experts in the fields of health education, medicine, pharmacology, law enforcement, and sociology, the guide goes beyond the popular concept of "drug abuse". Curriculum materials relate to the total health education of the young person and can be incorporated into health education courses.

Entitled "Teaching About Drugs, A Curriculum Guide K-12", it was successfully field tested in selected schools in Massachusetts, Ohio, Indiana, California, and Washington, according to Dr. Glenn R. Knotts, executive director of the ASHA. A series of workshops to instruct teachers and administrators in its use is planned for the next 12 months, as a further cooperative effort of the American School Health Association and the Pharmaceutical Manufacturers Association.

. . . . "Perhaps no social problem today arouses as much anxiety in families as does the drug abuse problem", C. Joseph Stetler, PMA President, said. "Consequently, we hope this guide will help the teacher become a professional source of knowledge about this important area of health education".

Dr. Hester Beth Bland, Consultant in Health Education, Indiana State Board of Health, served as coordinator of the project. She was assisted by an advisory committee representing various professional disciplines.

. . . . Original materials have been contributed by such nationally known experts as Dr. Dana L. Farnsworth, Director of University Health Services, Harvard University; Dr. Robert B. Forney, Chairman, Department of Toxicology, School of Medicine, Indiana University; and John Finlator, Deputy Director, Bureau of Narcotics and Dangerous Drugs, U.S. Department of Justice.

"Teaching About Drugs" is available from the American School Health Association, A.S.H.A. Building, Kent, Ohio 44240. Single copies are four dollars.

Editorial by Dick D. Heller, Jr., Publisher, *Decatur Democrat.*

Methadone (Dolophine-Lilly) will be classified as an investigational drug by the FDA when it is used in the substitution treatment of heroin addiction. Addict rehabilitation programs must be approved in advance by both the FDA and the Bureau of Narcotics and Dangerous Drugs. Regulations have been published to govern the special use. Methadone will continue to be available for use as it was used formerly. Only its use in treating narcotic addiction will be subject to the new rules.

A strong recommendation has been made for the addition of a course in medical record keeping to medical school curricula. The suggestion was recorded by a medical record librarian writing in *Medical Record News*. The author concludes: "If such courses were instituted in every medical school in the United States the results would be fantastic."

The recent U.S. Pharmacopeial Convention acted favorably on a suggestion to publish information on the optimal conditions for use of drugs. Other actions called for additional information about the physical and chemical properties of USP drugs and the development of new drug testing procedures. Biological availability of drugs will be studied and drug information on strength, quality, purity, efficacy, and safety of different dosage forms will be included, if the USP Board of Trustees agrees. All the above suggestions were passed by the convention and recommended to the trustees.

Blood banks have fewer donors during the year-end holidays. The need for blood is as high or higher then than usual because of holiday accidents. Last year the supply was adequate. President Nixon's proclamation, designating January 1970 as National Blood Donor Month produced an increase of donors by as much as 25% over previous years. Many people donated blood for the first time and many service clubs turned out entire memberships for mass donations.

Purdue University is establishing a four-year undergraduate program in environmental health. The study of environment and all the biological and chemical, economic, sociological and political influences on it will lead to a B.S. degree. The need for the specialty is illustrated by the fact that in Indiana alone there are 110 job vacancies which demand such qualifications. It is estimated that there will be a need for 85 new professionals annually.

Dr. Walter Schweizer, cardiologist of Basel, Switzerland, writing in *diagnostica*, an international medical journal produced by Ames Company of Elkhart, urges the diagnosis of all myocardial infarctions, especially the ones which are painless. Diagnosis is important because the advances in coronary care have reduced hospital mortality by about 50% and because anticoagulants reduce the two-year mortality by one-half. Dr. Schweizer states that sudden death in myocardial infarction occurs in cigarette smokers five times as frequently as in nonsmokers.

Socialists persistently downgrade the infant mortality experience of the United States and infer that it compares very unfavorably with that of other countries. Metropolitan Life announces the mortality rate for white infants under one year of age in 1965-67 as follows: United States-20.6; Canada-22.9; Northwestern Europe-20.3 and Southwestern Europe-37.9. This sounds like a good comparative record—not that it shouldn't be improved as rapidly as possible—but it is as good as other civilized nations. Especially when it is considered that a good deal depends on the statistical definition of stillbirths and livebirths. Some systems classify infants who die in the first few hours as stillbirths—thus producing a favorable infant mortality rate. The N.W. Europe rate includes Sweden and Norway with rates of 12.9 and 11.4. If the U.S. could calculate the mortality rate for people of Scandinavian descent living in the U.S., a similar racial-related good health record might be evident here.

Element 105 has been discovered. It was made by bombarding a target in the Heavy Ion Linear Accelerator with a beam of 84 million electron volt nitrogen nuclei. The target was two-millionths of an ounce of californium 249. When a nitrogen-15 nucleus was absorbed by a californium 249 nucleus, four neutrons were emitted and a new atom of element 105 was formed. It is named hahnium-260. The half-life is 1.6 seconds.

The Braille identification on Scotch brand tape cassettes has been found to be of advantage for sighted persons. The two large sides of the cassette are tagged by one or two raised nibs to enable the visually handicapped to orient the cassette correctly. This has been an extra dividend for all users since those with good vision can easily identify the sides in dimly lighted areas or when driving an auto.

The Association of American Physicians and Surgeons, in a letter to President Stanton of CBS, said in part: "CBS televised one hour programs in prime time on Monday and Tuesday nights of this week emphasizing that the United States is the only major industrialized nation in the world that doesn't have nationalized medicine. Also, incidentally, and quite properly, neither does the U.S. have nationalized television." ◄

The Journal Introduces . . .

TAX TIPS

Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

***Lawrence A. Jegen, III*, a Professor of Law and former Associate Dean at Indiana University, specializing in the areas of taxation, business associations, and estate plannng, who will write a tax column, for us.**

After receiving a B.A. (literature and philosophy) from Beloit College, Professor Jegen received a M.B.A. (accounting) and a J. D. (law) from the University of Michigan. Thereafter, he earned a LL.M. (taxation) from New York University while practicing in New York City. During the years 1963-64, Professor Jegen was Special Counsel to the Indiana Department of Revenue, and, during 1966-68, he was counsel to the firm of Bingham Summers Welsh & Spilman. During 1969, he was chairman of the tax section of the Indiana State Bar Association and in 1970 he was chosen Outstanding Professor of the Year at Indiana University. He is a member of the Governor's Corporations Survey Commission, and counsel to the Governor's Commission on Medical Education. He is the author of several publications, drafter of numerous laws, and frequent speaker before national and state organizations.

If you intend to organize a small corporation during 1970, there are three tax considerations concerning its shares which you should keep in mind, because they seem to be overlooked frequently.

1. First, as you know, the Tax Reform Act of 1969 limited non-corporate taxpayers' deductions for long-term capital losses. Henceforth, a non-corporate taxpayer may deduct his long-term capital losses to the extent of his capital gains. However, he may, in general, deduct only 50% of his long-term capital losses in excess of his capital gains, subject to the former $1,000 limitation. Thus, it will almost always be advantageous for a small corporation to qualify its shares for income tax treatment under I.R.C. section 1244. This section provides that a later loss from the sale, exchange or worthlessness of the shares will be an ordinary loss and, as a consequence, the capital loss limitations do not apply. The fact that capital losses have an unlimited carryover period, and such ordinary losses may only be deducted in the current year, and then carried back for three years and forward for five years, does not generally warrant avoiding the section 1244 qualification.

2. Since preferred shares which are issued at a time when the corporation has no earnings and profits will not be treated as section 306 stock, under I.R.C. section 306, you should consider having the corporation issue preferred stock when the corporation is organized. Such preferred shares may be used advantageously later, for effectively converting ordinary income from potential corporate dividends into long-term capital gains. Of course, if you intend to have the corporation elect to be treated under I.R.C. Subchapter S, then the corporation may not issue the preferred shares. On the other hand, since retirement plans of Subchapter S corporations are less advantageous than such plans of regular corporations, the use of such preferred shares is going to be very appealing to corporate planners.

3. If you have a Will that leaves your property to a trust, then be certain to consider having a provision inserted in your Will that prevents any shares that you own in a Subchapter S corporation from passing to the trust. When such shares are distributed to a trust, the Subchapter S election will automatically be terminated.

A recent Tax Court case (*Teichner*, CCH Dec. 30,416) is just one illustration of why you should keep a careful record of the sources of your bank deposits. The I.R.S. frequently takes the position that unexplained bank deposits represent taxable income to the depositor.

Another recent interesting case (*La Forge*, CA-2, CCH § 9694) held that a taxpayer-surgeon, who regularly paid for the lunches of interns who assisted him, could prove this fact by the testimony of the hospital cafeteria cashier. That is, the court allowed the doctor to prove his en-

tertainment expenses by oral evidence where he had inadequate written records.

Below is a recent I.R.S. chart showing the average business net profits for individual practitioners and partners, based upon 1968 and 1967 income tax returns.

	Individuals		Partners*	
	1968	1967	1968	1967
Physicians and surgeons	$28,705	$27,208	$36,250	$36,143
Osteopathic physiccians	22,460	19,376	—	20,838
Dentists and dental surgeons	20,501	19,805	17,541	21,886
Chiropractors	7,418	4,822	9,692	—
Lawyers	11,216	10,850	26,419	25,280
Engineers	5,595	5,657	13,628	14,818
Architects	7,377	9,183	16,008	15,604
C.P.A.s	9,577	—	20,910	—

* Net profit for all partnerships divided by number of partners. ◀

From *The Journal* 50 Years Ago

I believe you will all agree with me that any of the following conditions should be confirmed by the X-ray, viz: cardiospasm; gastric, duodenal or jejunal ulcer; pyloric stenosis; gastric or intestinal neoplasm with the possible exception of carcinoma of the rectum; urinary calculus; intestinal obstruction; gastroptosis; enteroptosis; nephroptosis; etc. I wish to state for the benefit of those who are still skeptical concerning the value of the Roentgen ray in any of the above named conditions that it is my opinion, that if the findings are correctly interpreted, the Roentgen ray methods are of more value than any other one method at our disposal in determining any of the above named conditions. . . .

Up to a very few years ago gall stones were detected by the Roentgenologist in such small percentage of the suspected cases that most Roentgenologists did not recommend Roentgen ray examinations, and only made them when urged to do so. Men like George, Case and L. G. Cole, however, found that gall stones containing calcium could be detected much more frequently than they had suspected, which stimulated the search. While as yet few Roentgenologists have published their reports, the general opinion is that from 60 to 90 per cent of gall stones will show. George and Leonard claim to demonstrate from 85 to 95 per cent. During the past eighteen months we have been able to show over 90 per cent of the pathological gall bladders that have been examined by Roentgen methods in our laboratory and later operated. — "The Role of the Roentgen Ray in Diagnosis of the Surgical Abdomen with Special Emphasis on Its Use in the Gall Bladder and Appendiceal Regions," B. R. Kirklin, M.D., Muncie, *JISMA*, January 1921.

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 20-24, 1971
Place Atlantic City, N.J.

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 20-22, 1971
Place Indianapolis Hilton

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 20-22, 1971
Place Indianapolis Stouffer Inn

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1971
Place French Lick Sheraton, French Lick

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 23-25, 1971
Place LaSalle Motor Inn, South Bend

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-14, 1971
Place Indianapolis

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 12-13, 1971
Place Indianapolis Stouffer Inn

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 4, 1971
Place Indianapolis Motor Speedway Motel, Indianapolis

INDIANA HEALTH CAREERS, INC.
Annual Conference and Workshops
Date March 9, 1971
Place Clowes Hall, Indianapolis
Annual Business Meeting
Date April 29, 1971
Place Speedway Motel, Indianapolis

INDIANA ROENTGEN SOCIETY
Date March 14, 1971
Place Holiday Inn East, Indianapolis

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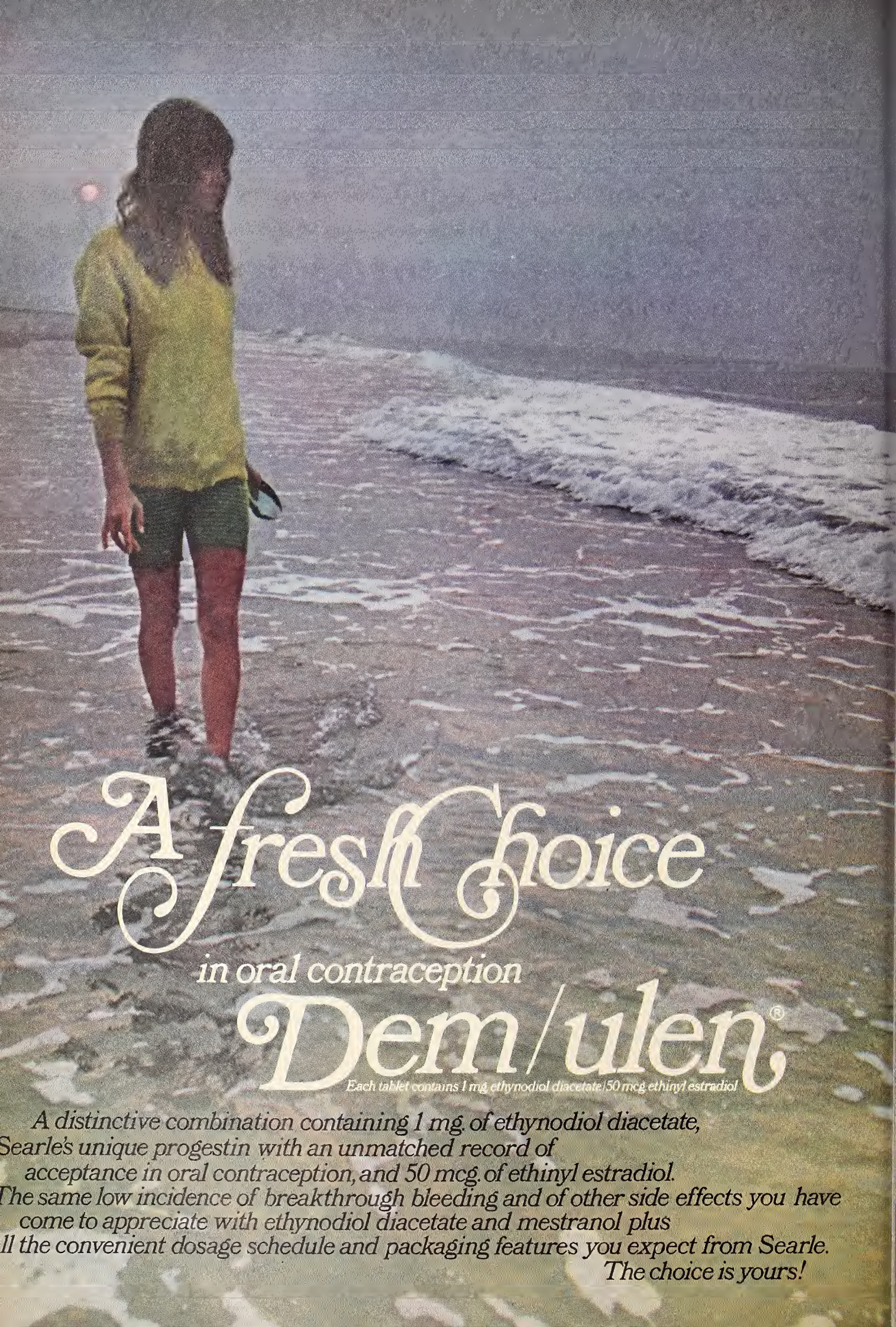
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Actions—Demulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Demulen depresses the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision. Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Demulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain[1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear, since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Demulen. Therefore, if such tests are abnormal in a patient taking Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Demulen may mask the onset of the climacteric. The pathologist should be advised of Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions; neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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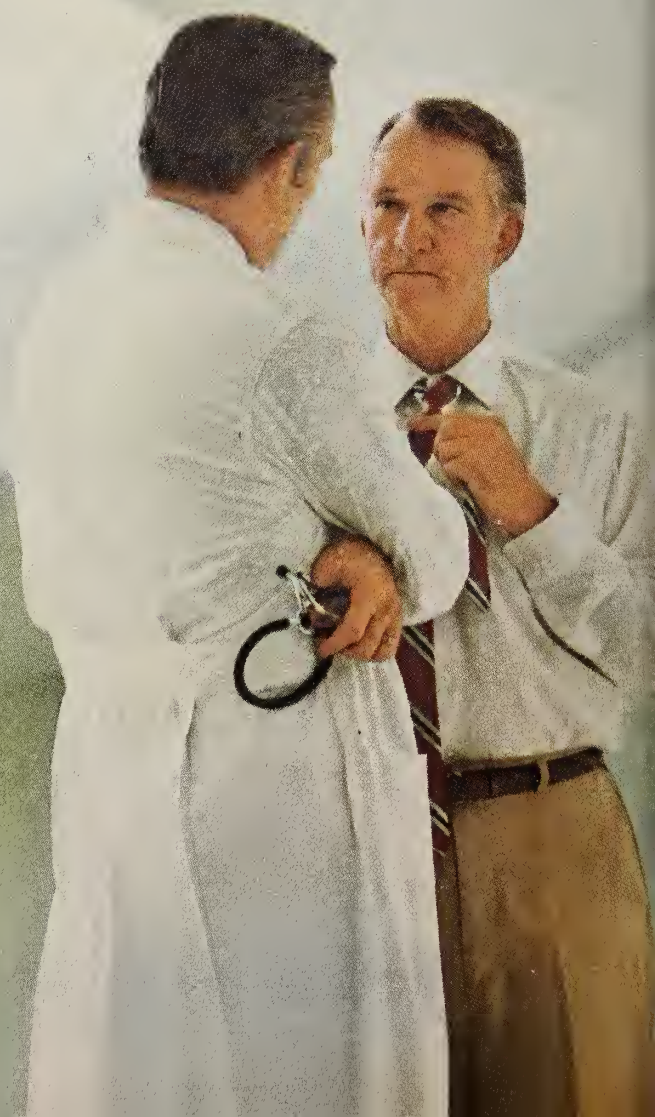

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From the October 1970 issue of the Journal of the Mississippi State Medical Association. Reproduced by special permission of the author.

Medical Care Foundations: Private Delivery That Works

ROWLAND B. KENNEDY*

Jackson, Miss.

I

HEALTH care delivery has become as much of an American household word as Spiro Agnew, environment, and ecology. The President of the United States has characterized the delivery system as being in a state of crisis. Most of its critics —and they abound aplenty throughout the land—say that it is no system at all but rather a cottage industry. Still other voices charge that the delivery system is unorganized, a maze of independent, yet somehow related, fragments.

None of this is all true, but American medical leadership readily concedes that the system faces severe challenges. Perhaps Dr. James L. Royals of Jackson, the association's 1969-70 president, summed it up with greater candor and conciseness than others when he said that the system "is on trial."

"I do not claim perfection for our care delivery system," Dr. Royals said in his presidential address to the 102nd Annual Session. Confessing discomfort with change, he pointed out with frankness that "we must recognize that we are living in a dynamic time, a time of rapid and dramatic change, of new and varied social forces, of miraculous technology, and of troubled political balance in a volatile world."

But the change of which medicine's leaders as well as its critics speak may not be so drastic after all. In fact, say many who are awakening to something which we have largely ignored, the change is of medicine's making, and it is already here.

The name of the change is the medical care foundation which happens to be alive and well and delivering medical care in half a dozen states to nearly 2 million Americans.

II

Born in California, the birthplace of so many innovations in care financing and delivery, the medical care foundation is a creature of medical organization and private practice. As such, one could think it suspect as being just another production model of the system's guild for perpetuation of the cottage industry.

Not so, say a million Californians who are free to choose their physician and receive the care which his professional judgment dictates.

Not so, say private and insurance companies and voluntary prepayment plans which are picking up the tab with a great deal more enthusiasm than in before-foundation times.

Not so, say consumer and employee representatives groups, unions to most of us, who find that the guarantee of care delivery is being honored.

Not so, say governmental agencies charged with administration of tax-supported medical care programs who find their costs predictable and their actuarial planning sound.

The medical care foundation is a voluntary, nonprofit membership organization incorporated under the sponsorship of a medical association. Its owners are physicians; its members are physicians; and its bosses are physicians elected to office by physician-members.

The MCF has four simple functions which are crucially important in all the sound and fury about medical care in America today:

—It provides the means for the medical profession to assume direct responsibility for and leadership in the delivery of medical care. How? By overseeing services provided by its own.

—The MCF receives and processes claims for professional services, and in most cases, makes payment within a preagreed frame of just and equitable fee ranges.

—It conducts peer review which is to say that physicians oversee their own houses.

—And it sponsors utilization review, making certain that expensive

* Executive Secretary, Mississippi State Medical Association.

and sometimes scarce facilities are optimally employed at maximum possible efficiency.

A medical care foundation is served by a skilled staff under the supervision of its physician-members, mostly within the structure of the sponsoring medical association. These workers generally include medical executives experienced in care plan administration, claims adjudicators and processors, data processing personnel, and those skilled in accounting and statistical services.

III

What a medical care foundation *is* and *is not* counts for everything in understanding the nature of the critter. Every MCF organized to date has as its purposes at least these five salient goals:

—To promote, develop, and encourage the distribution of medical services to the area it serves at a cost which is just and equitable to patient and physician.

—To preserve freedom of choice both to patient and physician.

—To guard, preserve, and foster the physician-patient relationship in the traditional, time-honored sense.

—To protect the public health.

—And to work cooperatively with private insurance, voluntary prepayment, and tax-supported medical care plans to provide for periodic and realistic budgeting of just and proper costs.

A medical care foundation is *not* a union. It doesn't bargain professional fees nor is it a closed shop where nonmember physicians are out in the cold world of lay-sponsored care programs left to shift for themselves. The MCF does not and cannot affect the membership status of any physician, a feature implicit in the Mississippi State Medical Association's peer review policies adopted by the House of Delegates this year. It does *not* and *cannot* affect the right of any physician to practice medicine.

A medical care foundation is *not* an insurance, prepayment, or government medical care program. As such, it doesn't have a dime of its own, except for at-cost charges made for its services and possibly some nominal dues barely sufficient to sustain the skeleton administrative functions of minutes-keeping and the like. The MCF draft authority for paying out professional fees under peer and utilization review by physicians is a responsibility it is willing to assume. And it makes a stern stewardship accounting for this function, as it does for all its activities.

A medical care foundation is *not* the answer to every problem facing the health care delivery system today, but it *is* a system and one that works quite well in the hands of serious, honorable members of the medical profession.

Membership in the MCF by physicians is voluntary, and all foundations require annual renewal by application. The organization is governed by a Board of Trustees elected by the voluntary membership, and there are committees for peer review, utilization review, membership, and other purposes as needs require.

The MCF is therefore an extension of the sponsoring medical association consisting of those members who desire to avail themselves of its services, joining in preserving private practice traditions while meeting the serious challenges to the care delivery system. A logical question for the uninitiated, then, is why have a foundation at all, if my medical association already administers a medical care plan and possesses the skill, expertise, trained staff, and hardware to process claims for professional services?

Why a MCF if our association has made a major commitment to peer review at state and component society levels? Why a foundation when *our* association-administered medical care plan has usual and customary fees, area and not individual fee profiles, and does all these things without another organization to join?

The answer is just as logical: The medical care foundation can do things a medical association does not ordinarily undertake and in some cases, may not. The MCF can enter into agreements with corporations, employee groups, insurance companies, care plans of every sort, and others to deliver care within a framework which is mutually acceptable. But even more than this, it stands between the provider and the third party as advocate of patient and physician.

The MCF has no fish to fry politically nor is it crusading for or against a pending proposal. The foundation takes the situation as it is and makes it work for private care delivery under physician-sponsorship and terms acceptable to all parties concerned. It does *not* retail medical care but in stock exchange language, it assures an orderly market for fair trading.

It is a health care delivery system with the best of both worlds: The world of traditional American private practice and the honored physician-patient relationship and the new world of third parties which are here to stay.

IV

Sixteen medical care foundations are going concerns in California serving nearly 1 million patients and 6,000 physicians. Statewide foundations, much better suited for less populous areas, are operational in Colorado and New Mexico. The latter are operating Medicare and Medicaid.

More statewide MCF's are on the drawing boards, late planning stages, or on the threshold of operation in Arizona, Florida, Georgia, Hawaii, Iowa, Minnesota, and New York. When the latter becomes a reality, it will be the U. S. giant, for the Medical Society of the State of New York, the nation's biggest medical association, has long operated workmen's compensation, CHAMPUS, and a number of other medical care plans.

Once established, this array of coast-to-coast MCF's will potentially represent 50,000 practicing physicians and as many as 40 million patients. This is a substantial quantity in anybody's measure and a health care delivery system which simply cannot and will not be ignored. Its backbone is medical organization without which no foundation could be brought into being.

This success story should not be interpreted as advocacy for Mississippi, because the state medical association has not spoken officially on the medical care foundation. But it is an issue far too important to private practice for the association to ignore. Dr. Royals exhorted Mississippi medicine to be "master of its own house," calling for a serious, working peer review system. The association already possesses the personnel and tools and know-how to conduct the staff work for the foundation. A commitment has existed for decades to deliver the best possible medical care to all Mississippians within the traditional frame of the honored physician-patient relationship.

It is just common sense for every physician in the state to inform himself on medical care foundations, to discuss this issue with his colleagues, to make his wishes known, and to cause his association to debate the matter. ◄

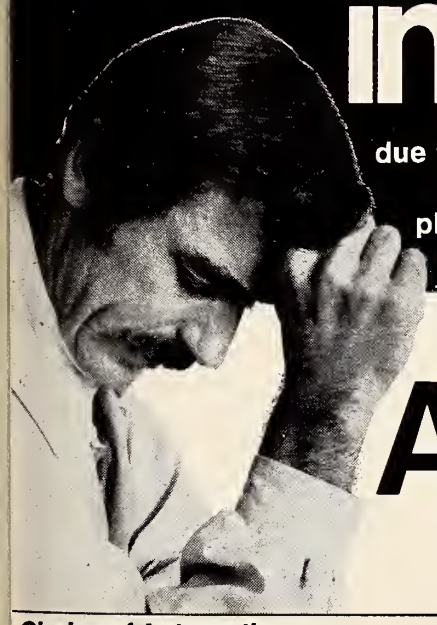
The treatment of

impotence

due to androgenic deficiency in the American male. The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society



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Dose: 1 tablet 3 times daily.
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Each orange tablet contains:
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Each white tablet contains:
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Pyridoxine HCL .....5 mg.
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Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. **Monteseno, P., and Evangelista, I.** Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. **Dublin, M. F.** Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. **Titeff, A. S.** Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. **Hellman, L., Bradlow, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F.** Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:936, 1959. 5. **Farris, E. J., and Colton, S. W.** Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. **Osol, A., and Farrar, G. E.** United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. **Wershub, L. P.** Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

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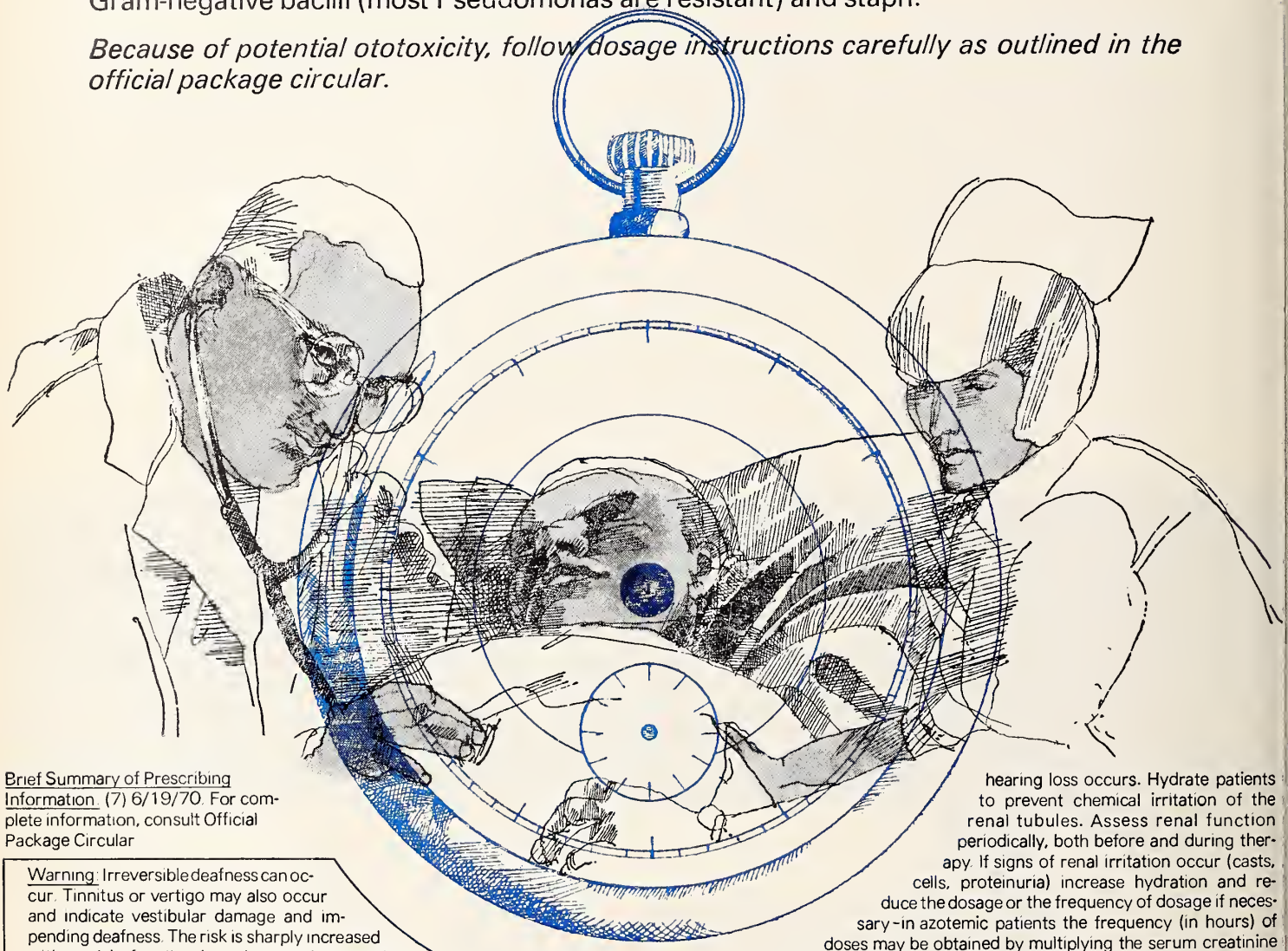
in severe systemic infections—postoperative bacteremia, Gram-negative/staph pneumonias or neonatal sepsis—Kantrex® (kanamycin sulfate) is often indicated before results of customary sensitivity tests can be reported. Clinical response is often seen within 24-48 hours in susceptible infections, with remission soon after.

10 years of experience confirm the continuing effectiveness of Kantrex® against many Gram-negative bacilli (most Pseudomonas are resistant) and staph.

Because of potential ototoxicity, follow dosage instructions carefully as outlined in the official package circular.



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Warning: Irreversible deafness can occur. Tinnitus or vertigo may also occur and indicate vestibular damage and impending deafness. The risk is sharply increased with renal dysfunction. In such cases, decrease size and frequency of doses. Discontinue kanamycin and check hearing if azotemia increases. Watch carefully for ototoxicity in older patients and patients receiving more than 15 Gm. of kanamycin. To avoid neuromuscular paralysis with respiratory depression, postpone intraperitoneal instillation in post-operative patients until recovery from anesthesia and muscle relaxants is complete. Avoid concurrent use of other ototoxic drugs including ethacrynic acid. Safety in pregnancy is not established.

Indications: Serious infections due to susceptible strains of *E. coli*, Proteus sp., *A. aerogenes*, *K. pneumoniae*, *Serratia marcescens* and *Mima-Herellea*. Culture and sensitivity studies should be performed.

Contraindications: A history of hypersensitivity to the drug. Prior auditory damage by kanamycin or other agents may be a contraindication if effective alternative therapy is available.

Precautions: Obtain audiograms before and during therapy in patients with renal dysfunction when treatment lasts more than 5 days. Stop Kantrex if tinnitus or hearing loss occurs. Hydrate patients to prevent chemical irritation of the renal tubules. Assess renal function periodically, both before and during therapy. If signs of renal irritation occur (casts, cells, proteinuria) increase hydration and reduce the dosage or the frequency of dosage if necessary-in azotemic patients the frequency (in hours) of doses may be obtained by multiplying the serum creatinine by 9. If azotemia or oliguria occur, discontinue therapy. Mycotic or bacterial superinfection may occur.

Adverse Reactions: Irritation or pain at the injection site, skin rash, drug fever, headache and paresthesias.

Dosage and Administration: The maximum total daily dose should not exceed 1.5 Gm. by all routes of administration. The usual dose is 7.5 mg./Kg./12 hours I.M. The average adult dose is 1 Gm. daily. Uncomplicated infections due to sensitive organisms should respond in 24 to 48 hours. If no response occurs in 3 to 5 days, stop therapy and recheck the bacterial sensitivities. Hydrate patients well to minimize renal irritation. Inject deeply into the upper outer quadrant of the gluteal muscle. Discard partially used vials after 48 hours. The drug should not be physically mixed with other antimicrobials.

Supplied: Rubber capped vials as a ready-to-use sterile aqueous solution in two concentrations: 0.5 Gm. in 2 ml. and 1.0 Gm. in 3 ml. Also available—Pediatric Injection 75 mg. in 2 ml.

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(kanamycin sulfate)

Indiana Delegation Active in AMA Session

24th Clinical Convention
Nov. 29-Dec. 2, 1970
Boston, Mass.

The 24th Clinical Convention of the American Medical Association held in Boston, Massachusetts, November 29 through December 2, saw a full contingent of Indiana's delegates and alternate delegates in attendance to deliberate on the usual mass of material presented to the AMA House of Delegates.

Prior to the convention the ISMA delegation met with the Board of Trustees of the Association in the Headquarters Office on November 14 and reviewed all of the reports and resolutions.

Some of these items included the Vietnamese Medical Program, the controversy on abortion, medical projects in ghetto areas throughout the nation, activities of the AMA Communications Division, peer review, relicensure, essentials of approved residencies, malpractice insurance, problems of the aging and activities of the Public Affairs Division of the AMA.

The delegation led by Dr. Eugene F. Senseny of Fort Wayne met at breakfast meetings and during the lunch hours to keep abreast of developments in all the matters under consideration.

Dr. Wood Endorsed

One of the highlights of the meeting for the Indiana group was the endorsement of Dr. Donald E. Wood, Indianapolis, as the Indiana State Medical Association's candidate for the AMA Board of Trustees. Election for this important office will be held in June in Atlantic City and the delegation has expressed optimism at his chances for victory.

The delegation, accompanied by President Malcolm O. Scamahorn, Pittsboro; President-Elect Peter R. Petrich, Attica; and Chairman of the Board of Trustees Joe Dukes, Dugger, included Dr. Wood, Dr. Senseny and Doctors Frank H. Green, Rushville; Jack E. Shields, Brownstown, and John S. Farquhar, Jr., Fort Wayne.

Alternates who attended the meeting included Doctors James A. Harshman, Kokomo; Eugene S. Rifner, Van Buren; Kenneth O. Neumann, Lafayette; Patrick J. V. Corcoran, Evansville, and Thomas C. Tyrrell, Hammond. Also present was immediate past president Lowell H. Steen, Hammond.

Besides participating in meetings of the House and the continuing caucuses of the delegation, Dr. Lall G. Montgomery, Muncie, delegate to the House from the section on pathology and physiology, served as a reference committee chairman. Dr. Farquhar served on a reference committee as did Dr. Sprague H. Gardiner, Indianapolis, delegate to the House from the AMA section on obstetrics and gynecology.

Dr. Senseny also cited the involvement of other Indiana physicians in affairs of the AMA and the House of Delegates, including Dr. Frederic W. Brown, Fort Wayne, a member of the Council on Health Manpower; Dr. Guy A. Owsley, chairman of the Council on Medical Services; Dr. Neal E. Baxter, Bloomington, member of the Council on Occupational Health and Dr. Norman R. Booher, Indianapolis, member, Council on Voluntary Health Agencies.

At the outset of the Convention it appeared that a renewed and lengthy debate would ensue on the abortion issue but the House rejected the attempts to change the policy statement adopted at the 1970 annual convention and, after brief discussion, reaffirmed that policy.

As at recent past conventions, strong security was observed but demonstrations were limited to a few of the perennial pickets. There was a great aura of positiveness about the meeting, ranging from the opening remarks of AMA President Dr. Walter C. Bornemeier, on adequate health facilities, through the reaffirmed statement on professional ideals and creation of a new class of membership, which gives interns and residents a direct voice in proceedings of the AMA.

Presidential Address

The American Medical Association must "take a leadership role" in development of neighborhood medical clinics, which are fast becoming "the focal point for delivery of most medical services," Dr. Walter C. Bornemeier, AMA president, told the House of Delegates.

"As the government takes on an increasing role in health care, as costs continue to rise, as local and state governments are confronted with increasing demands on limited public funds, as groups such as organized labor continue to push for nationalized health services, we can expect federal legislation to zero in on neighborhood medical clinics," Dr. Bornemeier said. AMA leadership is thus vital, "so that we may insure that medical clinics remain a part of private practice," he said.

Dr. Bornemeier's proposals include:

—Creation of a program to assist physicians in setting up adequate health facilities, for group or solo practice. A number of services would be covered, including architectural drawings, site requirements, management and operational plans, staffing requirements, equipment schedules and suggestions for obtaining financing from local banks.

— As the concept of charity medicine fades while insurance plans grow, inducements to doctors to establish private practice groups in the ghettos should be considered, such as low cost federal loans or Hill-Burton type grants, Dr. Bornemeier said.

— The AMA should conduct a periodic survey of manpower needs in each specialty across the country. Results of the survey would go to each senior medical student showing how many general surgeons, internists, etc., are now available and how many are needed.

Dr. Bornemeier repeated suggestions he made upon inauguration last June as the AMA's 125th president, that medical education be shortened to six years, that the method of training specialists be reviewed to emphasize ambulatory patient care rather than in-hospital care, and that new MD's train at the side of experienced physicians in preceptorship programs.

House Actions

From November 29 through December 2 the House was in session 10 hours and 50 minutes, during which time it considered 32 reports and 71 resolutions, plus 4 memorial and commendation resolutions.

Membership

The House created a new class of membership for interns and residents. The action, recommended by the Board of Trustees, will allow such members to elect a delegate and alternate to the House. Dues will be $20 annually and the new members must convert to active or service membership upon completion of their training programs.

Peer Review

The House reaffirmed its approval of Peer Review Organization, as contained in the AMA Medicredit program, and urged that "all components of organized medicine give energetic support to furthering the effective implementation of peer review."

Professional Ideals

"The age old professional ideal of medical service to all, whether able to pay or not," affirmed by the House in 1934, was emphatically reaffirmed by delegates in Boston. They acted on a recommendation by the Judicial Council, which said it had received "many letters complaining of an apparent preoccupation by an increasing number of physicians with the financial aspects of their medical practice."

Health Occupations

The terms "ancillary" and "paramedical" will no longer be used in AMA statements, but will be replaced by the term "allied", the House decreed. It also approved a Board of Trustees report dealing with licensure of health occupations. Recommendations in that report include: State legislatures be urged to amend state medical practice acts to remove any barriers to increased delegation of tasks to allied personnel by physicians; that alternative routes to licensure, such as job performance tests, be studied; that programs for periodically updating knowledge and skills of currently licensed or certified occupations be encouraged; and that the House of Delegates call for a nationwide moratorium on licensure of any additional health occupations.

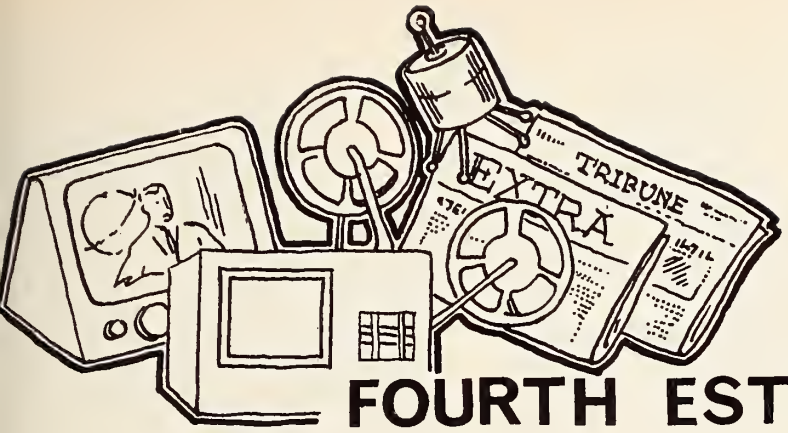
Miscellaneous

Osteopathic physicians are now eligible for the AMA Physician's Recognition Award, if they meet all regular requirements. In approving this step, the House noted that it is in line with previous actions which made osteopathic graduates eligible for approved internships and residencies.

The House urged expansion of third-party coverage for out-of-hospital care. It directs the AMA to seek immediate adjustment of all such programs to provide equal coverage for physicians' services, wherever rendered, and removal of restrictions which would require hospital care, where ambulatory services would be effective, in order for benefits to be paid. In another action, delegates urged that the insurance industry write their contracts to cover the newborn from the moment of birth, instead of after a waiting period as now observed. The latter was inserted in a resolution dealing with the upcoming White House Conference on Children.

Delegates gave "strong support" to the SAMA-MECO Project as an adjunct to undergraduate medical education, and asked constituent medical societies to consider supporting the project in their states. The full name is the Student American Medical Association Project for Medical Education and Community Orientation.

The House approved a Board of Trustees report calling on constituent associations on seek appropriate remedial state legislation in the field of professional liability, and encouraged the Committee on Professional Liability to continue to explore all aspects of the professional liability problems. ◄



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Stretching the Doctor Supply

While some worry, others are doing. This is particularly true of the need to stretch medical talent with the introduction of physicians' assistants which states like Indiana have been studying, but which North Carolina already is doing.

Confronted with doctor-patient ratios as unfavorable as 33 per 100,000 in eastern North Carolina, Duke University plunged into what other states have been talking about, and with Rockefeller Foundation help, instituted a training and licensing program for doctors' aides.

In a two-year program at Duke, men of medical aptitudes, who had been laboratory technicians and medical corpsmen, learn how to do the things that occupy as much as 90 per cent of a physician's time — and how to recognize the things they cannot do that ought to be done by the doctor.

These men have gone out to help rural doctors and have won the confidence of both doctors and patients. Overworked doctors who might have left a community are staying and caring for twice as many patients as before in fewer hours, with an aide.

Aides only work under the direct supervision of a physician and can neither diagnose or prescribe, but can be delegated to carry out doctor's orders regarding everything from diagnostic procedures to treatment.

North Carolina is now wrestling with details of its licensing program to protect patients from incompetence and doctors from liability, and establishing the assistant's liability and the doctor's responsibility for delegating duties. But while they spell these things out better, the program already is working.

Up to now, physicians' assistants have only been trained to help with internal medicine. But plans are moving for 10 or 12 kinds of assistants to help with many specialties.

Thus North Carolina already has found a way to stretch its doctor supply and extend improved medical service while other states are only worrying about and considering such solutions. And there must be a lesson for states like ours in there somewhere.—*Lafayette Journal and Courier*, Nov. 19, 1970.

Getting Doctors Together

However unlikely it might have seemed five years ago, both Congress and leaders in the medical profession are now promoting the idea that doctors should practice in medical groups.

Historically, doctors have been loners—treating patients their own way, keeping their own books and generally mistrusting anything that sounded even vaguely like "socialized medicine."

But the Senate passed a bill the other day that would authorize health insurance companies serving federal employes to offer prepaid medical care to anyone who wanted it. Involved in this was a frank attempt to bring doctors together into medical groups offering a wide range of services at reasonable cost.

The same day the Senate acted, the president of the American Medical Association suggested that both the AMA and the federal government help young doctors set up group practice clinics, especially in areas where doctors are in short supply.

Earlier this year, the House approved changes in Medicare and Medicaid that would encourage doctors, hospitals and insurance companies to set up broad medical groups offering prepaid health care to patients of all kinds.

The family doctor concept was perfectly valid only when specialists were rare and fees were modest. And it still is valid for families that have both the access to treatment and the means to pay for it.

But the doctor shortage and the high cost of hospitalization have made new forms of medical care almost mandatory. Getting doctors to pool their skills is a good way to start.—*Evansville Press*, Sept. 15, 1970.

Lake Needs Med Center

Northwest Indiana must find or build a half-million dollar structure to train first and fourth year medical students.

John Twyman, executive director of the Lake County Medical Society, said today, the Calumet Region is the only one of the seven in the state without adequate facilities.

Seven cities in Indiana are participating in Gov. Edgar Whitcomb's program to train doctors in the state, a program in lieu of building a medical school.

All the others — South Bend, Ft. Wayne, Evansville, Terre Haute, Lafayette and Muncie — have universities where the classes and administration duties can be taken care of, Twyman says.

Although Northwest Indiana has the cooperation of its branch universities and the hospitals, there simply is not space for a medical training school.

Universities will lend their laboratories and hospitals will lend their facilities. But nowhere is there space for training. The universities are already overcrowded, Twyman says.

Twyman favors going to the state legislature for cash to construct the building. State money built the other universities which the six other cities will be using, he says.

Twyman, one of five men apponted as a subcommittee, to oversee and evaluate the efforts of the 30 Indiana man state committee, says the subcommittee will report to the full committee in several weeks.—*Hammond Times,* Sept. 4, 1970.

Psychiatrist's View

Dr. David G. Crane, who served as a psychiatrist for the 25th Infantry Division in Vietnam, and is now assistant professor in the department of psychiatry at Indiana University School of Medicine, has a professional view of mass slayings such as those alleged to have occured at My Lai.

"You're distrustful of all Vietnamese," Dr. Crane said. "You don't know the good guys from the bad guys. A 19-year-old kid who has just seen his best buddy's head blown off is capable of anything. I wouldn't consider it abnormal. It might be abnormal in the United States, but not there in war. The difficulty is that they are being tried under these conditions, not under the conditions of war in Vietnam."

Even the killing of women and children—as soldiers are accused of doing at My Lai—is understandable, Dr. Crane said. "The soldier has seen a woman hold a child in her arms and pitch a grenade, using the child as a shield. It's a question of survival. The GI's reaction is a justifiable act."

Dr. Crane saw the war at first hand. He treated many of the men in his division for shell shock and other psychiatric disorders. He came to know their stresses and their reactions. His expert testimony and that of others like him from the war zone should help to clarify what happened at My Lai, sad as it was.—*Seymour Daily Tribune,* Oct. 24, 1970.

Ethical Headaches for the AMA

A news release from the American Medical Association indicates that the AMA's judicial council is much concerned about the "commercialization" of abortions, the establishment of abortion mills, and "hucksterism" of abortion services, now that several states have greatly relaxed their laws on the subject.

"The ethical principle remains," the judicial council opines, "No physician may solicit patients. . . ."

It would seem that the council is striving at ethical gnats while in the shadow of an ethical pachyderm—a white elephant of morality which the AMA presumes to have dispatched by popular vote of its convention delegates last Summer.

With that vote, the AMA concluded that whatever the reason, abortion is a "medical procedure." The decision brings up, almost inevitably, the question: If all abortion is a medical procedure, is pregnancy an injury, a disease, or just an affliction?—*Fort Wayne News Sentinel,* Oct. 1, 1970. ◀

Politics and Politicians

"Politics is too important to leave to the politicians."—Winton M. Blount, president of the Chamber of Commerce of the United States, before he was appointed Postmaster General.

A once-popular treatment for back pains was to have the seventh son of a seventh son stand or walk on the patient's back.

The pain of earache was allegedly relieved by holding a hot roasted onion to the ear.

For headache, a sovereign remedy was to wear a snakeskin round one's head.

A realistic approach to pain relief

Empirin'®

Compound with Codeine Phosphate gr. 1/2 No. 3

Each tablet contains:
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keeps the promise of pain relief

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Now that there's a greater therapeutic potential for treating Parkinson's disease and syndrome

...the information on these pages will be of practical interest to you

Larodopa® (levodopa) Roche : therapy that demands slow, individualized dosage titration

With the advent of new Larodopa (levodopa), there is now an agent that holds promise of relief of all the major symptoms of Parkinson's disease and syndrome—rigidity and akinesia as well as tremor.

However, as has been reported in the medical literature, levodopa demands slow, careful titration of dosage, and frequent patient monitoring. Adverse reactions may occur at any time, some serious enough to require dosage reduction or discontinuance of therapy. Thus, before prescribing, it is particularly important to refer to the following Important Therapeutic Considerations, the sections covering dosage and administration, and to the information on monitoring the patient (see prescribing information).

Important Therapeutic Considerations

Larodopa (levodopa) is an unusual drug which must be administered with particular care. In view of its high incidence of adverse reactions, you will find the following therapeutic considerations for Larodopa important:

(a) Larodopa is not curative and its mechanism of action is unknown, though postulated.

(b) Long-term safety and efficacy for Larodopa have not been established.

(c) Accurate diagnosis is imperative since there is no evidence that Larodopa is effective in neurological diseases other than Parkinson's disease and syndrome.

(d) About one-third of patients or more will not experience clinical improvement on Larodopa, and virtually 100% of patients will experience side effects of some degree.

(e) The dose of Larodopa producing maximal improvement with tolerated side effects must be *carefully titrated for the individual patient.*

(f) Finally, there is no evidence that early treatment with Larodopa, while possibly controlling symptomatology, alters the course of the disease.

Photographs of patients treated with Larodopa by permission of the patients.

Guide to dosage and administration of Larodopa® (levodopa)Roche

Usual daily dosage—initially, 0.5 to 1 Gm daily (divided in 2 or more doses with food).

Total daily dosage—increased gradually in increments of 0.125 to 0.75 Gm every 2 or 3 days, as tolerated.

Usual daily dose range—from 4 to 6 Gm given orally in 3 or more divided doses, with food.

Daily dosage should NOT exceed 8 Gm.

Optimal therapeutic dosage—usually reached in 6 to 8 weeks.

Establishing optimal dosage—must be determined and *carefully titrated for the individual*—gradually increase dosage until: (1) maximal response is seen, or (2) maximum recommended dosage is reached, or (3) side effects preclude further dosage increase, or require reduction or discontinuation of dosage.

Interrupted therapy—after brief interruption, dosage should again be adjusted gradually. (In many cases, the patient can be rapidly titrated to his previous therapeutic dosage. See "Precautions" section of Complete Prescribing Information.)

To underscore the extreme importance of careful dosage titration, the following week-by-week dosage pattern has been prepared, based on the assumption that the course of therapy is uninterrupted by any complications requiring a change in dosage. (Again, dosage must be reduced when intolerable side effects occur.)

Because it is absolutely imperative that Larodopa therapy be individualized to meet the particular needs of each patient, the following dosage schedule should be considered only a model.

Larodopa®
levodopa/Roche

Titration of Larodopa (levodopa) dosage in patient evaluated weekly

Intervals	0.25 Gm Tablets	0.5 Gm Tablets	Total Daily Dose
Week 1	½ tab (0.125 Gm) *q.i.d.* w/food		0.5 Gm
Week 2	1 tab (0.25 Gm) *q.i.d.* w/food		1.0 Gm
Week 3	1½ tab (0.375 Gm) *q.i.d.* w/food		1.5 Gm
Week 4		1 tab (0.5 Gm) *q.i.d.* w/food	2.0 Gm
Week 5		1½ tab (0.750 Gm) at breakfast and dinner. 1 tab (0.5 Gm) at lunch and bedtime	2.5 Gm
Week 6		1½ tab (0.750 Gm) *q.i.d.* w/food	3.0 Gm
Week 7		2 tab (1.0 Gm) at breakfast and dinner. 1½ tab (0.750 Gm) at lunch and bedtime	3.5 Gm
Week 8		2 tab (1.0 Gm) *q.i.d.* w/food	4.0 Gm

The daily maintenance dosage in the above example may be increased, decreased, or maintained at the 4 Gm level depending upon the point at which optimal therapeutic results are achieved.

Concurrent therapies: Larodopa (levodopa) may be used concomitantly with other antiparkinsonism drugs such as benztropine mesylate (Cogentin), trihexyphenidyl HCl (Artane) or procyclidine HCl (Kemadrin), but when more than one drug is used, the usual dose of each may have to be reduced.
Not to be given concomitantly: MAO inhibitors. Such agents must be discontinued two weeks prior to initiating Larodopa therapy.
Note of caution for patients who require vitamin supplementation: It has been reported that pyridoxine HCl (vitamin B_6) can rapidly reverse the antiparkinson effects of levodopa therapy.

A timetable for monitoring

While it cannot be emphasized too strongly that each patient on Larodopa must be treated as a totally *distinct* entity, the following are suggested as guidelines in the monitoring of such patients.
1. For the first month, at least: the average ambulatory outpatient should be seen and evaluated a minimum of *once a week.*
2. During the second month: patient evaluations can be extended to *every two weeks* (assuming no laboratory abnormalities or intolerable side effects have occurred).
3. From the third through the sixth month: the patient should be evaluated *once a month.*
4. After six months on the appropriate maintenance dose: with no significant adverse reactions or laboratory abnormalities, the patient should be seen at least *once every two months.*
5. Finally, after one year on maintenance dosage: evaluation should be made no less than *once every three months.*

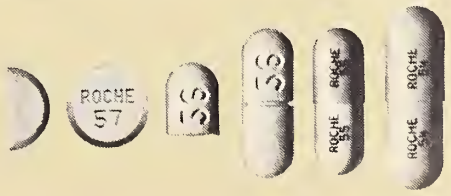
Therapeutic response

A favorable response may often be seen within 10 days to several weeks. However, a patient should not be taken off a tolerable dose—even in the absence of a response—until six months have elapsed. This is because, in some instances, the response may come relatively late. Of course, any serious laboratory abnormalities or intolerable side effects automatically dictate discontinuance of therapy.

Lessening the side-effects problem

While it is generally advisable that levodopa be taken after meals, nausea and vomiting, two frequently occurring side effects of levodopa, can often be minimized by taking medication with foods. If nausea becomes intolerable, the dosage should be cut back in daily decrements equal to the most recent increments given the patient. This reduction is to be spaced over two- or three-day intervals. Conversely, as nausea subsides, the drug dosage should be slowly increased in like increments.
An important part of the routine monitoring procedure would be to determine any possible cardiovascular problems. If cardiac arrhythmias occur, Larodopa should be discontinued and other antiparkinson therapy instituted. With orthostatic hypotension a possibility, checking the patient's blood pressure (both supine and standing) is essential.
If choreiform movements appear, they usually occur when maximum therapeutic dosages are reached. To control such effects, reduce dosage by decrements of 0.5 Gm daily.

Flexible dosage: scored tablets of 0.25 Gm and 0.5 Gm help simplify dosage titration



Conveniently scored 0.25 and 0.5 Gm tablets make possible more precise titration. Should another dosage form be preferred, Larodopa is also supplied in capsule strengths of 0.25 and 0.5 Gm.

Before prescribing, please consult product information on next page. →

For the relief of symptoms associated with Parkinson's disease and syndrome

Larodopa®
levodopa/Roche

Before prescribing, please consult complete product information, a summary of which follows:

BECAUSE OF THE HIGH INCIDENCE OF ADVERSE REACTIONS AND THE NECESSITY FOR INDIVIDUALIZING THERAPY, THE PHYSICIAN SHOULD THOROUGHLY FAMILIARIZE HIMSELF WITH THE INFORMATION IN THE PACKAGE INSERT BEFORE INSTITUTING THERAPY WITH LARODOPA (LEVODOPA). ACCURATE DIAGNOSIS IS IMPERATIVE BECAUSE EVIDENCE IS LACKING THAT LARODOPA IS EFFECTIVE IN NEUROLOGICAL DISEASES OTHER THAN PARKINSON'S DISEASE AND SYNDROME.

ADEQUATE CLINICAL AND LABORATORY FACILITIES SHOULD BE AVAILABLE FOR PROPER MONITORING OF TREATMENT.

THE LONG-TERM SAFETY AND EFFICACY OF LARODOPA HAVE NOT BEEN ESTABLISHED.

Indications: For the treatment of Parkinson's disease and syndrome. Useful in relieving many of the symptoms, particularly rigidity and bradykinesia; frequently helpful in management of associated tremor, dysphagia, sialorrhea and postural instability.

Contraindications: In patients for whom a sympathomimetic amine is contraindicated; in patients receiving MAO inhibitors (the latter should be discontinued two weeks prior to initiating therapy with Larodopa); in patients with clinical or laboratory evidence of **uncompensated** endocrine, renal, hepatic, cardiovascular or pulmonary disease; with narrow angle glaucoma and blood dyscrasias; in patients with known hypersensitivity to levodopa.

Warnings: Long-term safety and efficacy not established. Administer with extreme caution to patients with bronchial asthma or emphysema who may require sympathomimetic drugs; to those with active peptic ulcer (in facilities equipped to treat gastrointestinal hemorrhage); in patients with psychoses or severe psychoneuroses. Initiate therapy with extreme caution and in proper treatment facility in patients with a history of myocardial infarction who have residual atrial, nodal or ventricular arrhythmias. Monitor all patients for development of mental changes, depression with suicidal tendencies, other serious antisocial behavior. Carefully consider concomitant administration of pyridoxine hydrochloride (vitamin B_6); oral doses of 10 to 25 mg have been reported to rapidly reverse the antiparkinson effects of Larodopa. In pregnancy, weigh potential benefits against possible hazards. Do not use in nursing mothers. Safety of Larodopa in children under age 12 not established.

Precautions: During extended therapy, periodic evaluations of hepatic, hematopoietic, cardiovascular and renal function recommended. In diabetic patients, control may be adversely affected; careful, frequent monitoring and proper adjustment of antidiabetic regimen required. Patients with chronic wide angle glaucoma may be treated cautiously provided intraocular pressure is well controlled and patient is monitored carefully. Monitor carefully patients receiving antihypertensive agents or psychoactive drugs concomitantly, or those with history of convulsions. If general anesthesia is required, discontinue Larodopa 24 hours prior to surgery; monitor cardiorespiratory functions carefully. Patients who improve on Larodopa therapy should resume normal activities cautiously. May be used concomitantly with other antiparkinson drugs with possible reduction in dosage of each.

Adverse Reactions: *Most frequently occurring:* nausea, anorexia, emesis, cardiac irregularities, orthostatic hypotension; choreiform, dystonic and other adventitious movements; dizziness, sedation, dyskinesia; psychiatric symptoms such as agitation, anxiety, confusion, depression, hallucinations, delusions, insomnia, nightmares, and mental changes including paranoid ideation and psychotic episodes. *Less frequently occurring* and listed according to system: *psychiatric*—suicidal tendencies, increased libido with serious antisocial behavior, euphoria, lethargy, stimulation, fatigue and malaise, dementia; *neurological*—ataxia, convulsions, faintness, impairment of gait, headache, increased hand tremor, akinetic episodes, torticollis, trismus, oculogyric crisis, weakness, numbness, bruxism; *gastrointestinal*—constipation, diarrhea, epigastric and abdominal distress and pain, flatulence, eructation, hiccups, sialorrhea, difficulty in swallowing, bitter taste, dry mouth, tightness of mouth, lips or tongue, duodenal ulcer, gastrointestinal bleeding, burning sensation of the tongue; *cardiovascular*—nonspecific ECG changes, palpitations, hypertension, flushing, phlebitis; *hematological*—hemolytic anemia (1 case); *dermatological*—sweating, edema, hair loss, pallor, rash, bad odor; *musculoskeletal*—low back pain, muscle spasm and twitching, blepharospasm, musculoskeletal pain; *respiratory*—feeling of pressure in the chest, cough, hoarseness, bizarre breathing pattern, postnasal drip; *urogenital*—urinary frequency, retention, incontinence, hematuria, nocturia, and one report of interstitial nephritis; *special senses*—blurred vision, diplopia, dilated pupils, activation of latent Horner's syndrome; *other*—fever, hot flashes, weight gain or weight loss.

Nausea, anorexia and vomiting usually obviated by temporary dosage reduction and/or administration with food. If cardiac arrhythmias occur, discontinue and institute other antiparkinson therapy. Reduce dosage when involuntary movements occur.

The following have been noted: elevation of BUN, SGOT, SGPT, LDH, bilirubin, alkaline phosphatase or PBI; occasionally, reductions in WBC, hemoglobin and hematocrit; elevations of uric acid with use of colorimetric method but not with uricase; rarely, positive Coombs test; dark sweat and urine.

Dosage and Administration: Because of the strong possibility of adverse reactions and the necessity for individualizing therapy, the physician should thoroughly familiarize himself with the information in the package insert before instituting therapy.

How Supplied: *Tablets*, pink, scored, containing 0.25 Gm levodopa (imprinted Roche 57) or 0.5 Gm levodopa (imprinted Roche 56)—bottles of 100 and 500.

Capsules, containing 0.25 Gm levodopa (pink and beige, imprinted Roche 55) or 0.5 Gm levodopa (pink, imprinted Roche 54)—bottles of 100 and 500.

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

ABSTRACTS, BOOK REVIEWS

PROGESTERONE: ITS REGULATORY EFFECT ON THE MYOMETRIUM

Ciba Foundation Study Group #34, edited by G. E. W. Wolstenholme and Julie Knight, J. & A. Churchill, London, 1969; 64 illustrations; 193 pages; $5.00.

This very modestly priced and well gotten together study group is dedicated to the memory of Dr. Brenda Schofield, a devoted worker in this field. She died while still in her forties; her photograph graces the frontispiece of this little volume.

It is another volume useful to the research students in its specific area. It is an interim (and thus already dated) report on what is going on. In essence, the study can be summarized by the statement on page 91, viz.: "Estrogen appears to favor the alpha (excitatory) response while progesterone favors the beta (inhibitory) response."

On the preceding page, the authors concede that the neurotransmitter combines with the specific molecular sites to obtain these results. They are called "receptors": "a convenient term for concealing our ignorance of the precise chemical and morphological nature of these receptive regions."

ARNOLD LIEBERMAN, M.D.
New York, N. Y.

Abstracts from Various Literature, Prepared by AMA

DELAYED PSYCHOSIS DUE TO LSD

J. A. Hatrick and K. E. Dewhurst (Hill End Hosp., St. Albans, Hertfordshire, England)

Lancet 2:742-744 (Oct. 10) 1970.

Psychotic reactions following the illicit ingestion of lysergic acid diethylamide (LSD) have been reported frequently. Two cases of delayed psychosis due to LSD of such severity as to necessitate admission to mental hospital have been observed. Both patients, young single girls with well-adjusted pre-morbid personalities, after initial intoxication with a single dose of LSD, reverted to complete normality and remained normal for between two weeks and two months before acute psychotic illnesses developed. The possibilities of a delayed psychosis due to LSD justifies discontinuation of its use in psychiatry.

INCIDENCE OF CANCER IN COLD NODULES OF THYROID

C. B. Derghazarian (Hospital du Sacre-Coeur, Montreal)

Un. Med. Canada 99:1852-1855 (Oct.) 1970.

Thirty-five patients with cold nodules of the thyroid gland were operated on after selection by scanning. This group included 29 women and six men. After removal of the tumors, histological studies revealed seven cases of malignancy, 22 of goiter, one of calcified cyst, and five of follicular adenoma. The high incidence of malignant tumors (20%) should lead to caution in the face of cold nodules.

INTRAVENOUS CHOLANGIOGRAPHY WITH INTACT GALLBLADDER

M. E. Eckleberg, H. C. Carlson (Mayo Clinic, Rochester, Minn. 55901), and D. C. McIlrath

Amer. J. Roentgen. 110:235-239 (Oct.) 1970.

Results of intravenous cholangiography as carried out for 133 patients who had not undergone cholecystectomy were studied. Opacity of the gallbladder was obtained in 88 cases. Opacification of the bile duct without visualization of the gallbladder was found to be caused by complete mechanical obstruction of the cystic duct by stone or edema in about a third of the patients for whom surgical exploration subsequently was done. Most of the remaining patients were found to have free gallstones at operation but in about an eighth of the cases there was no anatomic reason for nonfilling of the gallbladder. Delay in opacification of the gallbladder beyond 25 minutes, but within 135 minutes, did not seem to be influenced by the presence of stones in the gallbladder. Delay occurred in 35% of those patients who had stones and in 45% of those who did not. Cholelithiasis, later proved surgically, was detected in intravenous cholangiography in six of 11 cases (55%) in which the gallbladder was visualized. Choledocholithiasis was detected in nine of 19 cases (47%) in which the condition subsequently was proved at operation. In some cases gallstones not demonstrated by oral cholecystography were disclosed by the intravenous examination.

CONTROLLED TRIAL OF LIDOCAINE IN PROPHYLAXIS OF VENTRICULAR ARRHYTHMIAS COMPLICATING MYOCARDIAL INFARCTION

M. A. Bennett, J. M. Wilner, and B. L. Pentecost (General Hosp., Birmingham, England)

Lancet 2:909-911 (Oct. 31) 1970.

Three hundred forty-three patients with suspected (and later confirmed) myocardial infarction were given intravenous lidocaine, 60 mg, followed by lidocaine infusion at 0.5 mg (group A) or 1 mg (group B) per minute for forty-eight hours, or no lidocaine (group C). There was no significant difference in the incidence of ventricular ectopic beats and tachyarrhythmias between the control and treated groups. Infusion of lidocaine at the dose levels used did not result in an increase in the incidence of cardiac failure, shock, or conduction disturbances.

CENTRILOBULAR HEPATIC NECROSIS AND ACUTE RENAL FAILURE IN "SOLVENT SNIFFERS"

R. D. Baerg and D. V. Kimberg (Beth Israel Hosp., 330 Brookline Ave., Boston 02215)

Ann. Intern. Med. 73:713-720 (Nov.) 1970.

Three teenagers with a history of drug abuse developed acute hepatic injury after the inhalation of a commercial cleaning fluid preparation that contains trichloroethylene. Two of these patients had evidence of acute renal injury, presumably due to tubular necrosis. Abnormalities in the ECGs and EEGs were also noted. Hepatic biopsies in two patients showed acute centrilobular necrosis, and also evidence of mild centrilobular fibrosis, probably

a result of previous injury from exposure to trichloroethylene. Solvent sniffing, increasingly popular among adolescents who have abused other drugs, only serves to complicate an already difficult situation.

COMBINED ABDOMINOPERINEAL EXCISION FOR CANCER OF RECTUM: PRIMARY SUTURE OF PERINEAL INCISION WITH CONTINUOUS SUCTION

A. D. McLachlin and D. A. MacKenzie (Dept. of Surgery, Univ. of Western Ontario, London)

Canad. J. Surg. 13:350-353 (Oct.) 1970.

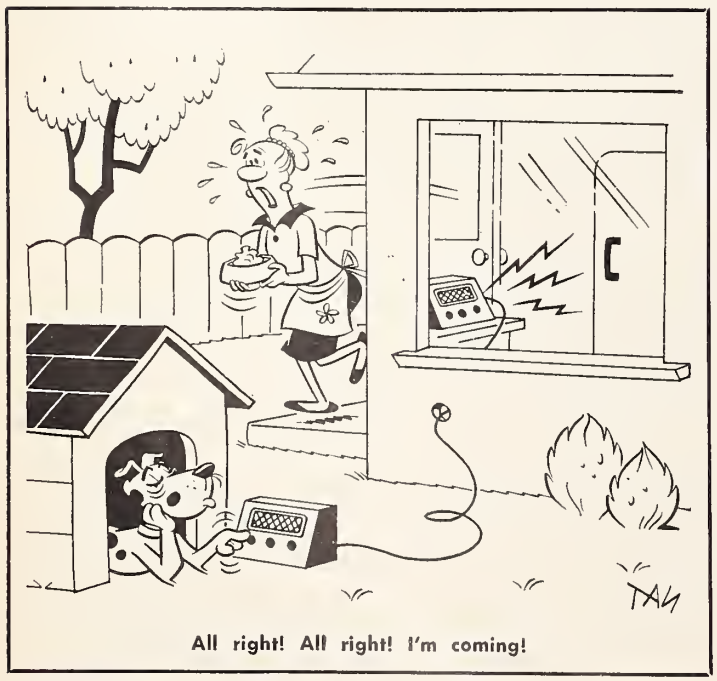
Combined abdominoperineal excision of the rectum leaves a deep, wide perineal wound prone to bleeding, infection, and slow healing, requiring prolonged hospital stay. Packing of the perineal incision is advised. The authors' experience with 189 patients undergoing combined abdominoperineal excision for cancer of the rectum suggests that primary closure of the perineal wound with continuous suction can be used in selected cases to lessen postoperative morbidity and shorten the hospital stay without adding to the operative mortality rate. Some perineal wounds are suited only to packing.

THERAPY OF FEMALE GONORRHEA WITH CEPHALORIDINE

L. H. Shapiro and J. W. Lentz (Vencreal Disease Control Section, Dept. of Public Health, Philadelphia 19104)

Amer. J. Obstet. Gynec. 108:471-473 (Oct. 1) 1970.

An alternate antibiotic in the treatment of gonorrhea in women has been evaluated in the social health clinics of the Philadelphia Health Department. A single intramuscular injection of 2 gm of cephaloridine gave a therapeutic success rate of 94.3% (208 patients) without local or systemic reactions. Thayer-Martin selective culture media and delayed fluorescent antibody technic are equally effective for pretreatment diagnosis of gonorrhea in female patients. Delayed fluorescent antibody technic is too sensitive for the posttreatment evaluation of patients. Rectal cultures made no substantial increase in the yield of positive cultures obtained from the cervix or endocervix.



All right! All right! I'm coming!

INJURIES FROM LAP-TYPE SEAT BELTS

W. P. Ritchie, Jr., et al. (Univ. of Minnesota Medical School, Minneapolis 55414)

Surg. Gynec. Obstet. 131:431-435 (Sept.) 1970.

Four members of a family sustained lap-type seat belt injuries in a single accident. Two of the victims sustained visceral lacerations and simultaneous transverse lumbar fractures. The third victim sustained an intra-abdominal injury consisting of complete transection of the small intestine in two adjacent areas. The fourth sustained a lumbar vertebral injury only. The lumbar fractures were of a peculiar type, presumably resulting from hyperflexion of the entire vertebral column about the belt, and resulted in a disruption of the posterior bony and ligamentous elements of the lumbar spine with extension to adjacent bony parts but without displacement or compression of the vertebral body. The resultant instability required fusion in two patients. Laparotomy was required in three of the victims but was delayed for more than 36 hours in two. All of the patients recovered. Both delay in laparotomy and the inadvertent production of paraplegia can be avoided by recognizing that the two classical components of lap belt injury may be present concomitantly. Abdominal ecchymosis, signs of peritoneal irritation, even though minimal, and back pain should alert the attending physician to this combination.

IMPOSSIBLE CONSULTATION MADE POSSIBLE

M. H. Hollender and S. P. Hersh (Dept. of Psychiatry, Vanderbilt Univ., Nashville, Tenn. 37203)

Arch. Gen. Psychiat. 23:343-345 (Oct.) 1970.

When the psychiatrist as a consultant is asked to see a patient suspected or known to be creating his own illness, he will find himself in an impossible position if he first behaves as a detective or prosecutor and later attempts to be an ally or helper. It is usually, if not always, impossible to serve in both roles. It is recommended that the psychiatrist meet with the referring physician instead of the patient and persuade him to confront the patient. Psychiatric assistance can then be offered and if accepted, the psychiatrist will be viewed as a helper. In this manner an impossible situation is made possible. The authors present an instance in which psychiatric consultation was requested for a woman known to be inducing life-threatening hypokalemia by surreptitiously ingesting furosemide in large dosages.

EFFECTS OF ADHESIVE DRAPES ON CONTAMINATON OF OPERATION WOUNDS

H. A. Lilly et al. (E. J. L. Lowbury, Birmingham Accident Hosp., Birmingham, England)

Lancet 2:431-433 (Aug. 29) 1970.

Counts of viable bacteria were made on fluid used for irrigation of 10 operation wounds (nail plating of neck of femur) for which the skin had been covered with adhesive drape, and in 12 similar operation wounds in which adhesive drapes had not been used. There was no significant difference in the mean numbers of bacteria found in the two series of wounds. Counts of samples taken at the beginning of operations were slightly but not significantly higher than those taken at the end of operations. Small numbers of *Staphylococcus aureus* were found in four of 22 wounds. There was no evidence of an increase in bacteria on normal skin covered by adhesive drape for up to four hours. Adhesive drapes probably give no protection against bacterial contamination of operation wounds.

THE FIST AS EXTERNAL CARDIAC PACEMAKER

J. B. Wild (Royal Postgraduate Medical School, London) and J. D. Grover

Lancet 2:436-437 (Aug. 29) 1970.

In three patients with centricular asystole the hearts responded to continuous rhythmic chest pounding—in one case for more than 40 minutes. Each blow on the chest was followed by ventricular depolarization and systole. Metabolic acidosis did not develop, and no precautions were needed to prevent it. This method might be tried as the first line of treatment for asystole in hospitals; outside hospitals it seems to have a better chance of success than cardiac massage as a first-aid measure for cardiac arrest.

THERAPEUTIC BARIUM ENEMA FOR MASSIVE DIVERTICULAR BLEEDING

J. T. Adams (260 Crittenden Blvd., Rochester, N. Y. 14623)

Arch. Surg. 101:457-460 (Oct.) 1970.

The use of a barium enema for the control of massive bleeding from diverticular disease of the colon was evaluated in 22 patients studied prospectively. Twenty-six of the 28 acute bleeding episodes in these patients were arrested by the enema. The two patients who continued to bleed were treated by an immediate colectomy while elective colon resections were carried out in three patients after the acute bleed had been controlled by the barium. The only complication of the procedure was a laceration of the rectal mucosa by the enema tube in one patient. All 22 patients survived their bleeding episodes or operations. The probable mechanism is a tamponade of the bleeding site by the barium solution. Failure of the enema to control the bleeding suggests that the bleeding will not subside spontaneously and early operation should be undertaken with resection of all colon shown to contain diverticula.

PRIMARY DRUG RESISTANCE

G. L. Hobby, P. M. Johnson, and V. Boytar-Papirnyik (Infectious Disease Research Institute, East Orange, N. J. 07079)

Amer. Rev. Resp. Dis. 102:347-355 (Sept.) 1970.

Between September 1962 and September 1969 a total of 3,183 strains of *Mycobacterium tuberculosis* was studied for susceptibility to five antituberculosis drugs as part of a continuing survey of primary drug resistance in tuberculosis in a veteran population in the United States. Strains were derived from an almost equivalent number of patients with newly diagnosed, previously untreated tuberculosis admitted to VA hospitals during 1962 to 1969. The incidence of primary drug resistance in this population to streptomycin, isoniazid, and PAS did not exceed 1.6%, 4.2%, and 7.2%, respectively, in 1968 to 1969, in contrast to 3.1%, 3.9% and 2.9% in 1962 to 1963. Only in the case of PAS was there a suggestion that the incidence of primary resistance may be increasing gradually. Based on the criteria established for this study, the incidence of resistance to rifampin does not exceed 0.4% while the resistance to the ethambutol appears to be 15.8%.

HL-A MATCHING IN TREATMENT OF BURNED PATIENTS WITH SKIN ALLOGRAFTS

J. R. Batchelor and M. Hackett (Queen Victoria Hosp., East Grinstead, England)

Lancet 2:581-584 (Sept. 19) 1970.

The survival times of HL-A closely matched and poorly matched skin allografts were compared on the same badly burned patient in 16 cases. Survival of closely matched grafts was significantly longer than that of poorly matched grafts, with the former surviving for over two months in adult patients with 45% or greater area burned. Closely matched grafts seem to be of clinical value in the management of burned patients.

EARTHENWARE CONTAINERS AS SOURCE OF FATAL LEAD POISONING

M. Klein et al. (260 Crittenden Blvd., Rochester, N.Y. 14623)

New Eng. J. Med. 283:669-672 (Sept. 24) 1970.

Two young children suffered lead poisoning as a result of drinking juice stored in a hand-crafted earthenware jug. One of the children died. Testing of 264 earthenware glaze surfaces revealed that 50% released sufficient lead to make them unsafe for culinary use (greater than 7 ppm). Twenty-five percent of all domestic handcraft and 10% of imported and commercial earthenware released over 100 ppm of lead. Lead release in the range of 100 ppm would be expected to result in severe acute poisoning in small children when the pieces were used for storage of acidic solutions. Chronic use of containers releasing lead in the range of 7 to 20 ppm could result in chronic lead poisoning. The principles of compounding safe earthenware glazes are outlined.

CHRONIC IDIOPATHIC INTESTINAL PSEUDO-OBSTRUCTION

J. E. Maldonado et al. (Mayo Clinic, Rochester, Minn. 55901)

Amer. J. Med. 49:203-212 (Aug.) 1970.

Five carefully documented cases of chronic idiopathic intestinal pseudo-obstruction are reported and compared with five previously recorded cases in which the material presented permitted adequate analysis. These patients had repeated bouts of intestinal pseudo-obstruction for which no organic cause or disease could be found. The obstruction was accompanied by diarrhea, weight loss and in some instances, progressive deterioration and death from malnutrition. Some patients had family members who apparently suffered or had died from a similar type of illness. Roentgenographic and motility studies showed delay transit, hypomotility and gross distention of the small and occasionally the large intestine. Sweating disturbances and hypothermia were also features in some patients. Essentially normal gastrointestinal histologic appearance was found in all instances and permitted the differentiation of idiopathic intestinal pseudo-obstruction as an entity distinct from scleroderma. The motility disturbance of the bowel and the questionable response to cholinergic drugs suggest a functional failure of the myenteric plexus.

MOBILE CORONARY CARE

J. S. Robinson (Sir Charles Gairdner Hosp., Shenton Park, Australia) and A. C. J. McLean

Med. J. Aust. 2:439-445 (Sept. 5) 1970.

In a seven-month period, a mobile coronary care unit (MCCU) attended 175 calls. Although the average time to reach patients was only 19 minutes, 12 patients with probable myocardial infarction were dead when the ambulance arrived. Ninety-seven patients with proved myocardial infarction were transported to hospital; although 40 of these patients required treatment for a cardiac arrhythmia in the MCCU, there were no deaths in transit. Three patients were successfully resuscitated from ventricular fibrillation in the MCCU, but subsequently died in hospital as a result of the severity of their infarction. The major component of delay in the hospitalization of patients with myocardial infarction was the patient's own delay in seeking medical aid. The main function of a MCCU, however, is not the resuscitation of patients with cardiac arrest but rather getting effective treatment for cardiac arrhythmia of the patient at the earliest possible time.

State Museum Seeks Used Tools For Cleaning Bison Skeleton

The Indiana State Museum's recent discovery of a skeleton of the extinct Eastern Bison in a creekbed near Pendleton necessitated a quick plea to the medical and dental professions for tools to clean and restore the mud-caked bones.

The Eastern Bison became extinct in 1832. Since the Western variety is known to have been prevalent here, this find indicates that the Eastern lived here at one time or was driven here by settlement in his home grounds around Pennsylvania. The beast was coal black with much less hump than his western cousin. His legs were longer and he is reported to have been a handsomer animal.

It's a painstaking and delicate job to expose the bone surfaces which are encased in hard-dried mud. Since the mud is all that holds the bones in position, they must be carefully cleaned and catalogued so that they may be reassembled for exhibit and study.

The newly rejuvenated State Museum operation had never had a staff anthropologist until John M. Hartman became curator last fall, and no tools or funds with which to buy tools were available.

When an Indianapolis physician heard of the need, he sorted through his unused instruments and provided enough tools for a start. Then he suggested that the *Journal* might assist by issuing a statewide appeal.

The task of cleaning even one skeleton of this size probably requires far more tools than most surgeons would use in a lifetime. The wear and tear is extreme, so duplications are not only welcome but essential.

Other Items Needed

Mr. Hartman says that the museum is also in need of many other items essential to close work—such as swivel stools, direct and indirect light sources, drills, syringes and containers for storing small specimens, also comparative osteology and anatomy books.

Since such donations would qualify as charitable gifts, a listing of the items should accompany the donation, so that it may be validated and receipted by the museum for the donor's records.

Anyone having questions or problems as to how to transport bulky items may call or write the Indiana State Museum, 202 N. Alabama St., Indianapolis 46204; phone 317-633-4948.

This is the first actual "dig" for the museum, which hopes to secure funds for much more extensive archaeological investigation into Indiana's pre-history. The museum is a part of the Department of Natural Resources and, as such, receives funding from the General Assembly; however provision is made in the budget to receive donations designated for special areas such as research, specific salaries, acquisition, etc.

Expansion Foreseen

The museum program is expanding as rapidly as staff and funds become available, and Director Carl H. Armstrong foresees the day when its activities will extend into every county in the state in cooperation with local museums and historical and scientific associations.

Armstrong emphasizes haste because many valuable items have already been lost to the state.—**Jan Finney.**

USING donated surgical tools to clear the detritus from an extinct bison skull are Indiana State Museum scientists who uncovered the well-articulated skeleton along a creek near Pendleton. At left is John M. Hartman, curator of anthropology; right, David McLary, chief taxidermist. McLary discovered the bones. The age of the beast will be determined by carbon dating of burned wood found in the same stratum.

Loan Fund Established In Honor Of Dr. Carl Almquist, Gary

A loan fund for medical students has been established in memory of the late **Dr. Carl Oscar Almquist,** a Gary surgeon for more than three decades, who died Sept. 21.

The fund will make loans available to students from Northwest Indiana who attend Rush Medical College in Chicago. The school is affiliated with Presbyterian-St. Luke's Hospital there.

Dr. Robert J. Milos is coordinating the drive.

Addresses Cancer Society

Dr. William Blaisdell, Seymour, addressed the Daughters of Isabella at their October meeting. His subject was cancer.

Dr. Nathan Salon Speaks

"Every Tenth Person" was the subject of the talk given by **Dr. Nathan L. Salon, Fort Wayne,** to the Fort Wayne Retired Teachers Association recently.

Attends Scientific Assembly

Dr. Robert W. Kuhn, Wilkinson, attended the Annual Scientific Assembly of the American Academy of General Practice in San Francisco in October.

Dr. Stovall Appointed

Dr. Alfred Stovall was recently appointed to fill a vacancy on the Fort Wayne Board of Health. A graduate of Purdue and Fisk Universities, he received his M.D. degree from Howard University.

Two Attend Workshop

Two members of the faculty at the Indiana University School of Medicine participated in the national annual meeting and workshops of the Society for Clinical and Experimental Hypnosis at Philadelphia recently: **Dr. Toner M. Overley, Jr.,** associate professor of psychiatry, and Dr. Eugene E. Levitt, chief of psychology.

Elected to Seminary Board

Dr. Frank P. Lloyd, Indianapolis, director of medical research at Methodist Hospital, has been elected to the board of trustees of Christian Theological Seminary, Indianapolis. He will serve on the seminary board until 1973.

Dr. Metcalfe Honored

Dr. Grant E. Metcalfe, South Bend, was recipient recently of an award presented to him at the Program Conference of the Mental Health Association in Indianapolis. The award, a gavel and plaque, was given Dr. Metcalfe for serving as first chairman of the Indiana Health Advisory Council from 1953 to 1969 and for his positions of leadership with the Mental Health Association in Indiana.

Opthalmologist Honored By National Safety Council

Dr. Hedwig S. Kuhn, a Hammond ophthalmologist and safety leader, has been awarded the Distinguished Service to Safety Award by the National Safety Council.

Dr. Kuhn helped establish the Hammond Safety Council and has served as its Chairman for a number of years.

In over 40 years of service to safety she has made considerable contributions of time and money to safety programs covering many areas of accident prevention in her state and community.

Dr. Kuhn has been an enduring and effective supporter of legislative needs in industrial, public and highway safety. She has been a strong advocate of improved driver license examinations and driver control. Dr. Kuhn has contributed directly to the work of the Indiana Traffic Safety Council, and we are pleased that her heavy commitment to safety has, deservedly, received national recognition.—**From the December *Traffic Light*, published by the Indiana Traffic Safety Council, Inc.**

On Drug Abuse Panel

Dr. Stanton Cope, Huntington, and Dr. Otis R. Bowen, Bremen, participated in an all-day drug abuse program recently. Sessions of the community-wide program called "Operation Drug Alert" were held at Crestview and Riverview Junior High School, Huntington College and College Park Church, all in Huntington. Dr. Bowen's talk was entitled: "Drug Addiction Poses a Medico-Legal Conflict."

Dr. Ira Cole Honored

The retirement of **Dr. Ira Cole, Lafayette,** after nearly 50 years in the practice of medicine was marked at a reception in Thomas Duncan Hall in Lafayette on Oct. 18.

A Senior Member of the Indiana State Medical Association, Dr. Cole had been practicing in Tippecanoe County since receiving his degree from the Indiana University School of Medicine in 1921.

Assists on Hospital Drive

Dr. Donald Bomalski, Jasper, is serving as chairman of the medical division of the drive to raise $800,000 to help cover the cost of the expansion under way at Memorial Hospital, Jasper.

Dr. Robert Acher Honored

Dr. Robert P. Acher, Greensburg, has been named recipient of the American Cancer Society's highest award for his 20 years of volunteer service in the fight against cancer.

The presentation of a plaque and a gold medal was made to Dr. Acher at a banquet held recently at Gary. He is a past president of the Indiana Cancer Society and a life member of the board of directors of the state society.

Abortion Laws Discussed

Dr. Willard S. Krabill, Goshen, was one of a number of speakers in a series of Sunday evening programs at the Plymouth United Church of Christ recently on the subject of abortion.

On Radiography Program

Dr. P. L. Webster, Lafayette, was an instructor in a three-day course in radiographic principles designed for radiographers and X-ray technicians in the medical and dental professions recently. The program was sponsored by the Purdue School of Pharmacy, the medical staff of the University's Student Health Center and the X-ray Department of General Electric Co.

Speaks to Nurses

Dr. Doris Jesch, Marion pediatrician, was guest speaker at a recent meeting of the Grant County Registered Nurses Society.

Dr. A. D. Merritt Helps Author Book

Dr. A. Donald Merritt of the IU-PUI School of Medicine is a contributor to a book, "Genetic Counseling," recently published for the National Foundation—March of Dimes as a textbook.

The work is a symposium of authorities in the genetics field.

Professor and chairman of the department of medical genetics at the school, Dr. Merritt was the organizer of Indiana's first genetic counseling service.

Speaks to Optimists Club

Dr. Leon Gray, Martinsville, was a recent speaker at a meeting of the Martinsville Optimist Club. His subject was venereal disease.

43 Receive Diplomas As Certified Medical Representatives

The Certified Medical Representatives Institute has just graduated its third class. Forty three graduates, representatives of Warner-Chilcott, Ciba, Syntex, A. H. Robins, and Dorsey, received diplomas at special ceremonies recently. The academic program of the Institute is designed to broaden a representatives knowledge and expertise in pharmacology and related subjects, and to make his professional service to physicians more meaningful.

Dr. Nesbit Appointed

Dr. Reed M. Nesbit, Professor Emeritus of Surgery at the University of Michigan, and recently affiliated with the new medical school of the University of California at Davis, has been named Associate Director of the Joint Commission on Accreditation of Hospitals. He will work with the Director, Dr. John D. Porterfield.

Bay State Law Cuts Licensure Barrier

A Massachusetts medical licensure law, recently signed, permits licensing of graduates of foreign medical schools, and also the registration of physicians with 10 or more years of medical service in one of the armed forces of the United States or the Public Health Service who, though not licensed in the U.S., have engaged in medical service work and are diplomates of any of the American specialty boards approved by the AMA and the American Osteopathic Association.

Dr. Cochrane Elected

Dr. Harry A. Cochrane, Jr., Fort Wayne, senior medical director of the Lincoln National Life Insurance Company, was recently elected president of the Association of Life Insurance Medical Directors of America.

TB Booklet Offered

Lederle Laboratories have published a 20-page booklet entitled "Tomorrow Without TB" for the purpose of stimulating active participation in the effort to eradicate tuberculosis. It is available to state and school health officers, medical societies and state and local tuberculosis associations. Single copies may be obtained by writing Lederle at Pearl River, N.Y. 10965.

ISMA Names Eleven To Approved List

The ISMA Commission on Voluntary Health Agencies has announced that 11 voluntary health agencies have been placed on the approved list. Dr. Norman Booher, Indianapolis, chairman of the Commission, has commended the agencies listed for the several statewide programs on health and health related matters which they have accomplished in cooperation with ISMA.

The agencies cited are: American Cancer Society, Indiana Division; The Arthritis Foundation, Indiana Society for the Prevention of Blindness, Indiana Society for Crippled Children and Adults, Tri-State Epilepsy Association, Indiana Heart Association, Mental Health Association in Indiana, National Multiple Sclerosis Society, Indiana Tuberculosis and Respiratory Disease Association, United Cerebral Palsy of Indiana and the Cystic Fibrosis Research Foundation.

FDA Names Professor Christian To Medical Advisory Committee

Professor John E. Christian of Purdue University will be one of the seven members of the new Medical Advisory Committee of the Food and Drug Administration. The Committee is charged with advising the FDA Commissioner regarding the safe and effective use of drugs as well as providing information on current advancement, changing concepts and trends in the field. Christian is head of the Department of Bionucleonics in the School of Pharmacy.

Lecture on "Quackery" Set

J. Harvey Young, Ph.D., professor, Department of History, Emory University, Atlanta, Ga., will give the February lecture for the John Shaw Billings History of Medicine Society at Indiana University School of Medicine. The title of his lecture is "Quackery." The program will be presented in Room M-124 of the Student Union Building at 8 o'clock on February 10, following a social hour which will begin at 7 o'clock.

All interested physicians are invited to attend.

Doctoral Dissertation Grants Announced by Pharmaceutical Ass'n

The Pharmaceutical Manufacturers Association has announced plans to award stipends of $2500 to university doctoral students for dissertation research in medical and pharmaceutical economics.

Full-time students pursuing doctoral degrees in economics and related social and administrative sciences are eligible for the grants, said Howard L. Binkley, PMA vice president for research and planning.

Binkley said that recipients would be chosen competitively on the basis of academic and other qualifications, as well as relevancy of the research project to the health care industry. The candidate must have completed all course work, passed all qualifying examinations and obtained faculty approval of the dissertation proposal to be eligible, he added.

The grants cover a 12-month period commencing either January 1, 1971 or July 1, 1971. Applications must be submitted at least four weeks in advance of the respective effective dates.

New Film on Parkinsonism

Eaton Laboratories has a new, second film on parkinsonism. "Differential Diagnosis of Parkisonism" may be obtained by writing the Eaton Film Library, Norwich, N.Y. 13815. It is 16 mm., full color and sound, and has a running time of 14 minutes.

Doctor's Helper

Skinny Dugan Makes The Medicine Tasty!

By KENNETH B. KELLER
Sunday Magazine Editor
Ft. Wayne Journal Gazette

Skinny Dugan and his brother Dan seem to be enjoying a privileged experience for mannequins—the pursuit of medicine.

It's because Dr. William E. Fitzkee of Albion is a ventriloquist as well as a physician. And so these little fellows have everything going for their internship.

Skinny is the more sophisticated (and expensive): wrinkles appear around his mouth when he talks and his eyebrows twitch. "He'd like to let his hair grow, but that's out," and the doctor said "out" with a firmness that brought a baleful sideglance from the crook of his arm.

Dan watched from a perch high upon the wall wearing a benign expression that is shared with all the young people who come to the doctor. He remains out of reach in the children's treatment room but on occasion will make some pertinent observations, with the doctor's permission.

The wildest imagination couldn't associate Dr. Fitzkee's mild tones with Skinny's sharp chatter. A comment about this brought a rude answer before the doctor could speak . . .

"Whaddaya mean, 'How does he do it?' I do it all myself!" And then Skinny winked impishly.

Dr. Fitzkee began the practice of family medicine in Albion four years ago; he's a graduate of Temple University. Long before that he was an accomplished musician, proficient in athletics and active in work with young people. Basketball was his favorite sport and he still plays with a local squad — enjoying it immensely.

In 1961, Dr. Fitzkee confessed, he had an opportunity to join the Pittsburgh Wrens and was sorely tempted to put off medical school. But he decided against delaying his professional studies "and this was a wise choice because the Wrens disbanded later."

"Friends helped persuade me that getting back to studies after a lapse of several years might be difficult. Even so, I found the medical study to be very demanding."

Ventriloquism was a hobby of his youth; the first mannequin he used was his own creation. Throwing one's voice is something of a natural endowment, he believes, because he was not generally successful in teaching the art to his friends. He is a member of the American Ventriloquists Association and in college the skill proved a handier escape from academic routine than his music.

Skinny and Dan were just relaxing companions until one day they quite naturally entered his medical life at Albion.

They were great at winning the confidence of children and dulling the prick of the needle. And when Skinny (who does most of the talking for the brothers) urges young patients to take their medicine religiously, they listen.

"I'm afraid even some of my adult patients lend him a more attentive ear," Dr. Fitzkee laughed.

Professionally, family practice is a relatively new term for the general practice of medicine — the treatment of all members of the family. He has been certified by the American Board of Family Practice for listing in the official directory of medical specialists.

To Dr. Fitzkee, family practice presents the opportunity to treat the person as well as the disease — to determine the factors of living that might contribute to disease.

His interest in music, which once vied with medicine, came naturally because his parents were accomplished musicians — the doctor plays the piano, organ and trombone and the community has drawn upon his talents. His stature, six feet three and a half inches, usually gave him a credit of at least two years in age and consequently earlier access to church choir and other vocal work in his home community of York County, Pa. He particularly enjoys massed choir work to which he can lend his tenor voice.

This grace of years was an advantage, too, in conducting summer youth programs while attending Gettysburg College, an activity that brought special recognition. He won an athletic award during his junior year.

Upon the completion of his internship, there were two opportunities for practice open — one in Albion and another in Texas. The doctor quickly chose Albion because it was so comparable to the community in which he was raised. He is currently president of the Noble County Medical Society.

Dr. Fitzkee had investigated the medical missionary field but learned these professionals are restricted to the practice of medicine. "Under those circumstances, I felt that I was more committed to the practice of medicine at home," he explained.

The big deception of ventriloquism is changing the pitch of the voice, the doctor explained. "People disassociate a sharp change of pitch and this in great measure makes the voice appear to come from the mannequin." Skinny was not present at the time, or he likely would have disagreed.

For a gruesome moment, Dr. Fitzkee exposed Skinny's anatomy

"I DO IT ALL"—Skinny Dugan tempers this remarks with a wink as he rests upon the arm of Dr. William E. Fitzkee, Albion family specialist. But Skinny has impressed the doctor, who is a ventriloquist, by his way with young people—and even some adults. (Photo by Ft. Wayne Journal-Gazette staff photographer Dave Halterman.)

— a surprisingly complicated maze of wires ending in finger stops. "These things take a specialist of their own to make and repair," he enlightened "and there is an elderly gentlemen in Detroit who's tops. I hope he's still living."

Skinny has been cantankerous only once — it must have been laryngitis. His mouth would open only a crack and that was a sure sign the little fellow was in bad trouble. This happened on the eve of a requested public appearance in the community and an emergency operation was the only alternative.

Dr. Fitzkee did an exploratory on Skinny's head and found a "jammed nerve." And Skinny recovered with a resounding "AHHhhh."

This must be much of the reason for the respect the doctor and Skinny share, and also the care Skinny exercises in admonishments to the doctor's patients.

So delicate is Skinny's anatomy that he lives in the doctor's apartment over the office on the Court House Square. Danny, of the older school with fewer parts to go wrong, is content to watch over the treatment rooms.

"The only trouble with Skinny is, he's bound to have long hair," the doctor joked.

The little fellow's reaction was a strange wink and his eyebrows raised questioningly. It could be he has another idea on the subject.—Fort Wayne Journal-Gazette, Nov. 29, 1970.

Meeting to Honor Dr. J. O. Ritchey

A special medical meeting will be held in Indianapolis on February 10 to honor Dr. James O. Ritchey and to inaugurate the James O. Ritchey Award in Medicine. The Educational Division of the Methodist Hospital will conduct a medical scientific program at the hospital in the afternoon. All interested physicians are urged to attend.

A dinner will be held that night at the Indianapolis Hilton for physicians and their wives and special guests. Dr. Lowell Coggeshall will be the featured after-dinner speaker.

Dr. Paul Burns Honored

Dr. Paul E. Burns, Montpelier, was recently a guest of honor at a recognition banquet sponsored by the Montpelier Chamber of Commerce. Dr. Burns has many deeds of community welfare to his credit but this occasion honored him for his work in mental health. He has been active in the Mental Health Association since 1951 and has initiated many of its projects. The Mental Health Association named him as "Indiana Physician of the Year" in 1966.

Named PR Director

Pharmacist William T. Heinekamp, Speedway, has been named by the Indiana Pharmaceutical Association as director of professional relations. ◄

★

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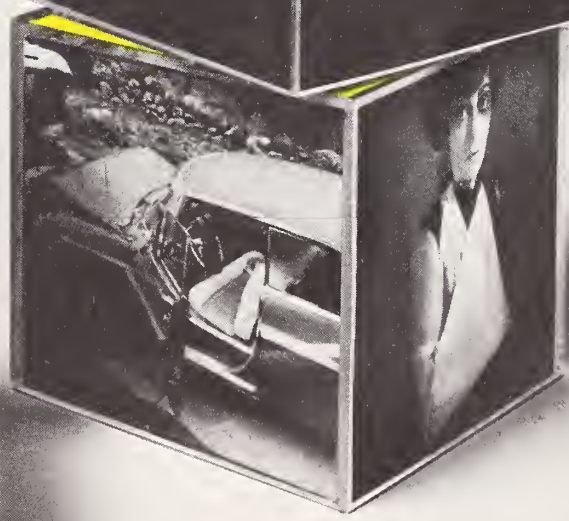

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Blue Shield Chairman Reports

(One of a series presented by Indiana Blue Shield, this article is excerpted from remarks by Joseph M. Black, M.D., Chairman of the Indiana Blue Shield Board of Directors, to the ISMA House of Delegates in October, 1970.)

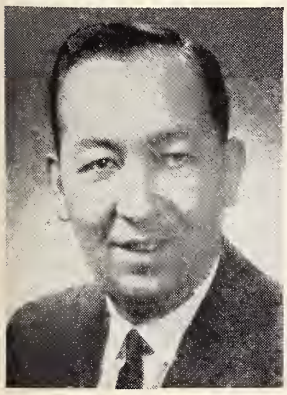
Fellow physicians:

The year immediately past has brought record growth and new responsibilities to Indiana Blue Shield, as we dealt with the challenges of the 1970s.

Medicaid became a part of our corporate responsibilities, and we strove to meet our responsibilities in the field of utilization review by developing a new U.R. program. Meanwhile membership, claims volume, and payment to providers established new growth records.

Medicaid Program Initiated

The year 1970 brought a new and important responsibility for our company, administration of the Medicaid program for Indiana.



During the 1969 session of the General Assembly, legislation was enacted to provide Indiana with a Title XIX (Medicaid) program. The State of Indiana, in turn, decided to contract with Blue Cross and Blue Shield to administer this program. The implementation date of January 1, 1970, necessitated a priority project to make administrative programs operational in a short period. Years of experience in administering similar programs was essential to developing the necessary machinery.

Acting on estimates of eligible recipients and projected claims volumes, an automated claims processing system was designed, a staff was assembled and trained, space was obtained, and provider participation campaigns conducted. The usual problems with a new program were compounded by an influx of eligible recipients far in excess of the anticipated number.

The estimated claims volume of 15,000 to 20,000 claims per week quickly expanded to our present volume of 40,000 plus claims per week. During the first six months of the program, Blue Shield processed 500,000 claims and paid out over $2,000,000 to nearly 6,000 providers of health care services.

Blue Shield Continues Growth

Blue Shield continued to grow as it entered the 1970s. The growth was evidenced in both regular and government business.

In 1969 Blue Shield paid 1,189,946 medical claims totaling $47,788,939 in regular business, a $10,000,000 increase over the previous year.

Membership surpassed 1,900,000 last year, and is projected to remain stable during 1970. Over the past five years, membership has risen by 359,000, an increase of 23%. Payments to providers have increased more than $20 million, a gain of 77%. A new low of 4.1% of income being spent for operating costs was reached for 1969.

Part B of Medicare continued to be an important Blue Shield service. Claims approved for payment totaled 593,043, with payment totaling $26,180,590.

As Blue Shield entered the decade of the Seventies, it had paid more than $361,000,000 to providers in its regular business, and had processed more than $71,000,000 in Medicare Part B bills.

Data Processing Aids Review

One of the important new developments this year is the use of data processing technology in support of utilization review.

The review, of course, is the responsibility of the medical profession, and that is the only sound approach. We are now able to assist medical societies by furnishing statistical data to peer review committees, showing the pattern of practice within their local communities. This assistance may make it possible for their review and evaluation to be even more effective. The physician's pursuit of excellence is enhanced by the utilization review process as it focuses on the improvement of medical care.

Today the consumer and many organized groups are looking to both the medical profession and to Blue Shield to provide effective safeguards against those rare instances of abuse and impropriety within the health care field. Our new program of computerized analysis in support of utilization review, linking Blue Shield and the medical profession, provides a responsible solution to this problem.

Usual and Customary

Indiana's "usual and customary" program dates from Resolution No. 26 of the Indiana State Medical Association in 1962. This resolution encouraged Blue Shield to market a program which would have no schedule of dollar allowances. It also resolved that county societies or regional groups of counties establish review committees to determine whether unusual charges for services fall within the "usual and customary" payment concept.

Since "usual and customary" was begun, it has grown and flourished, especially in large industrial accounts, until it has become the dominant program. Today more than 60 per cent of all Blue Shield group members have the "usual and customary" program for physicians' bills.

Undergirding this program and its success is the understanding and cooperation of the individual physician and the medical societies.

Professional Relations Expands Service

Expanded service describes the goals and accomplishments of Blue Shield Professional Relations during the past year.

The field staff has been enlarged to permit greater assistance to physicians and their office staff. The field staff now comprises six representatives including a registered pharmacist to assist in the growing field of prescription drugs coverage.

Backing up the field staff is the internal staff of nine who assist providers of service by telephone or correspondence. Answering "hot line" calls for information or writing letters, the internal staff helps with hundreds of answers a week for medical offices around the state.

Joseph M. Black, M.D.,
Chairman, Blue Shield
Board of Directors◀

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Continuing Education for Physicians

POSTGRADUATE COURSES IN INDIANA

Urology for the Family Practitioner

February 17, 1971 — Indianapolis

This course deals with urological problems which require a decision at the family practice level. Pediatric problems discussed will include: sex assignment in genital ambiguity; management of recurrent urinary tract infections, with special reference to the problem of reflux; appropriate management in undescended testis; and management of hypospadias. Among adult urologic problems, attention will focus on: the etiology of renal calculus disease; renal hypertension, its workup and management; masses of the testicle — the role of surgery, radiology, and chemotherapy in the management of testicular carcinoma.

Common Endocrine and Metabolic Problems

March 17, 1971 — Indianapolis

Case presentations of common endocrine and metabolic problems encountered in general internal medicine comprise the course format. Specialists will discuss these diagnostic and therapeutic challenges, and there will be opportunity for discussion at large. Topics will include adrenal steroids, their use and abuse; the controversy surrounding oral agents in treating diabetes; the problems of oral contraceptives; the diagnosis and treatment of generalized skeletal demineralization; the management of obesity; the treatment of Graves' disease.

Electrocardiography for Physicians
22nd Annual Course

March 3-5, 1971 — Indianapolis

This course reviews basic concepts of electrocardiography and incorporates the unipolar and mutiple chest leads and their interpretation. Although designed as a basic course, some preliminary knowledge of electrocardiography is highly desirable.

Anatomical and Clinical Otolaryngology
56th Annual Course

March 28-April 9, 1971 — Indianapolis

This offering is an intensive two-week course in anatomy of the head and neck with emphasis on surgical and developmental anatomy of this region. Thirty-six hours will be devoted to histopathology of otolaryngology. Lectures and demonstrations are designed to review basic principles and to present recent advances in the field. The course is open to recently certified or board-eligible physicians specializing in otolaryngology, as well as residents training in this specialty.

Presented by the Department of Otorhinolaryngology, the course is a cooperative effort on the behalf of faculty of the Indiana University School of Medicine: anatomists, anesthesiologists, internists, and pathologists.

You, Too, Can be a Lobbyist

The right to petition to your government is guaranteed you in the U.S. Constitution. That gives you a right to be a lobbyist, to "speak your piece" to your legislators. The truth of the matter is that our legislators want to know what we think. It helps them to arrive at decisions that properly reflect the views of the majority.—From an article in *The Log*, Pennzoil United, Inc., Houston.

INDIANA

March

Indianapolis

Electrocardiography for Physicians — 22nd Annual Course
3/3-5/71
Common Endocrine and Metabolic Problems
3/17/71
Anatomical and Clinical Otolaryngology — 56th Annual Course
3/28/71 to 4/9/71

April

Plymouth

Psychiatric Problems in General Practice
4/7/71

Indianapolis

Contemporary Clinical Pathology and the Referral Facility
4/21/71

Lafayette

A Symposium on Trauma Emergency Care
4/22/71

May

Indianapolis

Sixth Annual Indiana Multidisciplinary Child Care Conference
5/12-13/71
Orthopedics and the General Practitioner
5/19/71

June

Indianapolis

Emergency Medical Care
6/2/71
Membrane-Bound Enzymes
6/9, 10, 11/71

February

ILLINOIS

Chicago

Specialty Review Course in General Surgery, Part II
2/15/71 to 2/26/71
Specialty Review Course for Family Practice
2/1/71 to 2/12/71
Medicine for Today—Chicago Near West
2/15/71 to 3/29/71
Medicine for Today—Chicago North
2/15/71 to 3/29/71
Medicine for Today—Chicago Southwest
2/15/71 to 3/29/71
Medicine for Today—Elgin
2/15/71 to 3/29/71

MICHIGAN

Eloise

Applied Clinical Physiology
2/22/71 to 2/24/71
Advances in Internal Medicine
2/15/71 to 2/19/71
Management of the Burned Patient
2/25/71 to 2/27/71

MINNESOTA

Minneapolis

Practical ENT
2/22/71 to 2/23/71
Elective Clinical Program in ENT
2/24/71 to 2/25/71
Physical Therapy for Physicians
2/15/71 to 3/13/71

OHIO

Cincinnati

Hospital Infection Control
2/4/71
Facial Fractures—Repair and Surgery
2/15/71 to 2/19/71

Cleveland

General Practice
2/3/71 to 2/4/71
Disorders of the Red Cell
1/10/71 to 2/11/71
Review of the Connective Tissue Diseases by Systems: Manifestations & Management
2/24/71 to 2/25/71

Columbus

Orthopedic Problems Conference
2/24/71
Electromyography—I
2/23/71
Gastroenterology Conference
2/10/71

FUTURE MEETINGS, SEMINARS, COURSES

Kentucky Sets Review Of General Practice

The University of Kentucky, in cooperation with the Kentucky Chapter of the American Academy of Family Medicine, will present an intensive "General Practice Review" Feb. 14-20 at Lexington.

The session is designed to assist those who are preparing for family medicine board examinations later in February or who wish an intensive review of clinical problems. Fee for the course is $125, and further information may be obtained by writing Frank R. Lemon, M.D., Associate Dean, College of Medicine, University of Kentucky, Lexington 40506.

Cleveland Clinic Announces Courses

Postgraduate Courses at the Cleveland Clinic include "Disorders of the Red Cell," February 10 and 11, "A Review of Connective Tissue Diseases by Systems: Manifestations and Management," February 24 and 25, and "Update 1971—Selected Topics in Nursing" on March 3 and 4. For details write the Cleveland Clinic Educational Foundation, 2020 E. 93rd St., Cleveland 44106.

Urology Course at Cleveland

The Cleveland Clinic Educational Foundation will conduct a postgraduate course "Advances in Urology" on March 10 and 11. Fee for the course is $60. Write the Education Secretary of the Clinic at 2020 E. 93rd St., Cleveland, Ohio 44106.

American College of Surgeons Schedules Montreal Meeting

The American College of Surgeons invites all interested physicians to attend its sectional meeting in Montreal April 5 to 7. A comprehensive program will be devoted to surgery and all its subspecialties. Registrants who are not Fellows of the College are asked to pay a $15 fee, except residents and interns who pay no fee. Hotel reservation forms may be obtained by writing the College at 55 E. Erie St., Chicago 60611.

Thirty-fourth New Orleans Medical Assembly Set

The New Orleans Medical Assembly will meet for its thirty-fourth session on March 8 to 11, at the Roosevelt Hotel, New Orleans. The faculty is composed of outstanding lecturers and teachers. The program will cover topics of current medical interest. It is acceptable for 22 prescribed hours and 8 elective hours by the AAGP. The registration fee of $35 covers all activities. Write to 1430 Tulane Ave., New Orleans 70112, for details and hotel reservation form.

Medical Seminar Cruise To Mediterranean Planned

The Department of Postgraduate Medicine of Albany Medical College announces reservations now being accepted for a spring postgraduate medical seminar cruise to the Mediterranean April 30-May 20, 1971.

A 20-day cruise from New York aboard the luxurious and distinguished ship "Raffaello" of the Italian Line is planned.

Ports of call include Casablanca, Naples, Genoa, Cannes, Barcelona and Lisbon.

Faculty of the Albany Medical College will present a comprehensive shipboard postgraduate program, covering subjects in internal medicine, cardiology, obstetrics and gynecology, pathology and surgery.

Request has been made for continuation study credit by the American Academy of General Practice.

For information write to: William P. Nelson, III, M.D., Department of Postgraduate Medicine, Albany Medical College, Albany, N.Y. 12208

Sixth Annual Child Care Conference Set for May 12-13

The Sixth Annual Indiana Multidisciplinary Child Care Conference sponsored by the Indiana University Department of Pediatrics will be held at Stouffer's Indianapolis Inn on May 12 and 13, 1971. The program will consist of 12 seminars from three to six hours in length.

Speakers and their seminar subjects include Ernest Cotton, M.D.—PEDIATRIC PULMONARY DISEASE; Joseph Fitzgerald, M.D.—PEDIATRIC GASTROENTEROLOGY; Morris Green, M.D.—THE DEVELOPMENTAL ROLE OF THE PEDIATRICIAN; Richard Hong, M.D.—IMMUNOLOGIC DISORDERS; John Nelson, M.D.—INFECTIOUS DISEASE; John Piel, M.D., and James Simmons, M.D.—THE PEDIATRICIAN AND THE ADOLESCENT; William Silverman, M.D., and Lillian Blackmon, M.D.—NEONATOLOGY; and Morris Wessel, M.D. and Ray Antley, M.D.—THE PRENATAL ROLE OF THE PEDIATRICIAN. Dr. T. Berry Brazelton will be the banquet speaker.

Further information concerning registration for the conference can be obtained from Dr. Morris Green, Professor and Chairman, Department of Pediatrics, Indiana University Medical Center, 1100 West Michigan St., Indianapolis 46202.

University of Iowa to Host Family Practice Conference

A four-day refresher conference for family practitioners will be held at the University of Iowa Health Center Tuesday through Friday, February 16-19. Content of the program has been determined mainly by suggestions from physicians. Write to the Office of Medical Education, 245 Medical Research Center, University of Iowa, Iowa City 52240.

21 Physicians to Discuss "Perils of Medical Management"

The Wisconsin Center at Madison will conduct a postgraduate course on February 19 and 20. The subject will be "Perils of Medical Management." Twenty one Wisconsin physicians will discuss the complications and untoward reactions resulting from diagnostic and therapeutic procedures. Write Dr. Thomas C. Meyer, 307 N. Charter St., Madison, Wis. 53706.

Internal Medicine Course Set for May 19-21 in Florida

The annual "Topics in Internal Medicine" course will be given May 19-21, 1971, at the University of Florida College of Medicine. This program will consist of three days of intensive lectures, seminars and panels on new and controversial areas of internal medicine. For complete information and registration forms write Mark V. Barrow, M.D., Division of Cardiology, College of Medicine, University of Florida, Gainesville 32601.

GI and Biliary Tracts Symposium Announced

A Symposium on Inflammatory Diseases of the Gastro-intestinal and Biliary Tracts will be conducted by the Department of Diagnostic Radiology of the University of Kentucky School of Medicine on April 28 to 30. Registrants will have an opportunity to purchase tour tickets to the Kentucky Derby on May 1. For further information write Dr. Frank R. Lemon, College of Medicine, Lexington, Ky. 40506.

Chicago Sets Symposium On Early Disease Detection

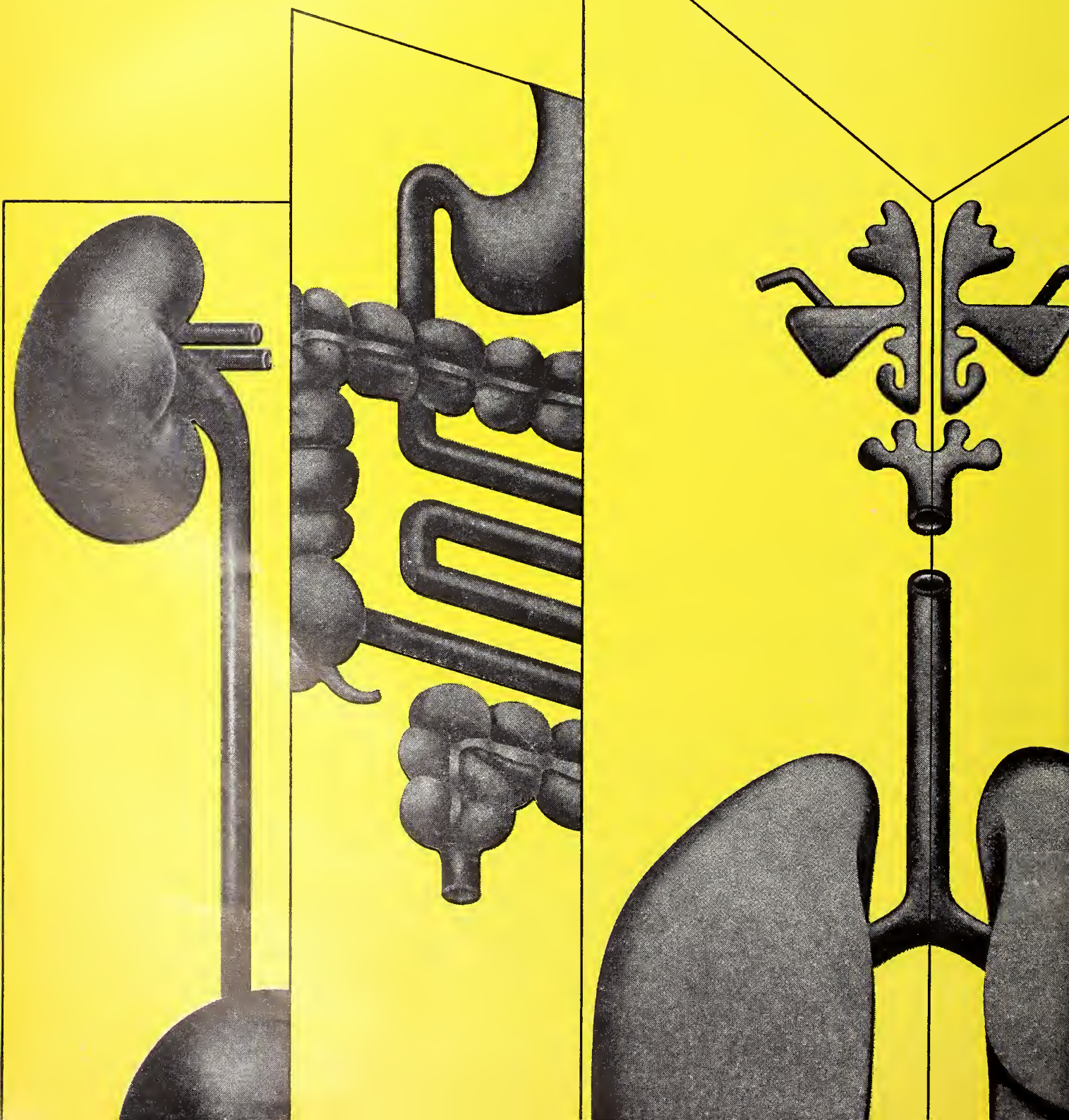
The Second International Symposium on Early Disease Detection will be held at the University of Chicago's Center for Continuing Education on Wednesday, March 17. The Symposium is under the sponsorship of the Ames Company. There is no registration fee. The meeting is open to persons interested in or involved in early disease detection. ◄

Tract Record.

A record of clinical efficacy in treating bacterial infections of the respiratory, genitourinary and gastrointestinal tracts caused by susceptible strains of pneumococci, H. influenzae, staphylococci, streptococci, Klebsiellae, E. coli, Enterobacter, Shigella.

A record of years of dependable broad-spectrum activity.

A record of high urine and serum antibiotic levels all with a 500mg. potency, b.i.d. convenience and low prescription cost.



Tetrex® bidCAPS®

(500 mg. tetracycline phosphate complex)

For complete information consult Official Package Circular.
(3) 4/2/70

Indications: Infections of respiratory, gastrointestinal and genitourinary tracts and skin and soft tissues due to tetracycline-sensitive organisms. In staphylococcal infections, indicated surgical procedures should be performed.

Contraindications: Hypersensitivity to tetracyclines.

Warnings: Photodynamic reactions have been produced by tetracyclines. Natural and artificial sunlight should be avoided during therapy. Stop treatment if skin discomfort occurs. With renal impairment, systemic accumulation and hepatotoxicity may occur. In this situation, lower doses should be used and serum estimations may be necessary during prolonged therapy. Tooth staining and enamel hypoplasia may be induced during tooth development (last trimester of pregnancy, neonatal period and childhood).

Precautions: Mycotic or bacterial superinfections may occur. Infants may develop increased intracranial pressure with bulging fontanels. Cases of gonorrhea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of 4 months.

Adverse Reactions: Glossitis, stomatitis, nausea, diarrhea, flatulence, proctitis, vaginitis, dermatitis, and allergic reactions may occur.

Usual Adult Dose: One Gm./day in 2 or 4 equally divided doses. Continue therapy for ten days in Group A beta-hemolytic streptococcal infections. Administer one hour before or two hours after meals.

Supplied: Capsules—250 mg. in bottles of 16 and 100. bidCAPS—500 mg. in bottles of 16 and 50.

A.H.F.S. Category 8:12

BRISTOL

BRISTOL LABORATORIES
Division of Bristol-Myers Co.
Syracuse, New York 13201

What's New?

"Report of the Committee on Infectious Diseases" (Redbook), 16th edition, is now available from the American Academy of Pediatrics at $2.00 a copy. The revised edition includes 11 diseases not previously described, as well as information on passive immunization for hepatitis and chemosuppression of malaria. Write the Academy in care of P.O. Box 1034, Evanston, Ill. 60204.

* * *

Posey is introducing individual leg straps for the patient who slides forward in a wheelchair. To be used in association with a seat belt, the leg strap may be fastened any place from the knees to the ankles to prevent sliding.

* * *

Magnaflux Corporation is announcing a new miniature ultrasonic doppler detector which is useful for detection of early pregnancy and for the diagnosis of peripheral vascular disease. The device is compact and can be carried in the doctor's pocket. The name is MD-510 Minidop. There are two models, each especially adapted to either fetal heart rate or to adult circulatory measurements.

* * *

New Book—The Successful Professional Practice, is published by Prentice-Hall. The author, Robert P. Levoy, is Director of Professional Practice Consultants in New York City. His belief is that the difference between a highly successful practice and one that is not so is usually not professional competence. His book deals with practice-building techniques. 192 pages—$19.95.

* * *

Mead Johnson has a new prenatal vitamin-mineral supplement. Natalins Rx contains increased amounts of folic acid and other vitamins in order to give more nutritional support during pregnancy. The new preparation is available only on prescription.

* * *

Hospital Marketing Services is introducing a disposable ice bag which creates a cold compress by an endothermic chemical reaction. Two compartments in the bag may be manipulated prior to use. This mixes the water in one compartment with ammonium nitrate in the other and the mixture loses heat. The temperature change amounts to about 50 to 55 degrees F. The device is convenient and may be left at the bedside and activated by the patient whenever needed, thus sparing the time of nurses.

* * *

Posey is now using a new Dupont dacron mesh, Breezeline™ fabric, for the Posey Safety Vests. The material is stronger than conventional cloth, yet lighter and cooler than cotton or nylon. Breezeline Safety Vests are completely washable, dry quickly and have a neat appearance.

What's New?

Posey has a one-arm jacket to limit the patient's hand and arm movement. The two arms are sewed together in the middle to create a tunnel sleeve from shoulder to shoulder. A waist belt adjusts to waist size and ties to the bed frame. Shoulder loops may be used with straps to restrict sitting up.

* * *

Parke-Davis has approval of the FDA to market Ketalar, a new, fast-acting anesthetic agent. It is a non-barbiturate. When administered by vein or in a muscle it produces anesthesia quickly. It may be used alone for procedures requiring five to 10 minutes, or may be used as an induction agent or to supplement other anesthetic agents. It does not lower blood pressure, decrease heart rate nor significantly affect respiration.

* * *

One of the newest things is dacron-cotton blend fabric which is practically free from danger of static electricity and is safe for hospital operating rooms. Named Riegelstat TM, the fabric is a joint product of Superior Surgical, Riegel Textile, Du-Pont, and Brunswick. It will last more than three times as long as pure cotton fabric and is less subject to static. It will not ignite cyclopropane even when humidity is low.

Prosthetic Care for the Medicare Patient

When medically prescribed, the Medicare program will assist the patient in purchasing a prosthesis, provided he is covered under Part B of Medical Insurance. All Hanger offices throughout the United States provide services under the Medicare program.
Hanger will provide each Medicare patient with the finest prosthetic care, including discussion of the patient's needs with the physician, a thorough examination and evaluation of the stump, careful consideration as to the patients, prognosis in the utilization of a prosthesis and assistance to the physician in determining the best type of prosthesis for the Medicare patient. Hanger also offers care in obtaining detailed measurements necessary to fabricate a quality prosthesis, which is then meticulously constructed and fitted. Personalized attention is available at any of our Hanger offices after the prosthesis has been delivered.

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

Smith Kline Instruments has a new mini-computer which will monitor 16 critical patients and warn the attendants if the "QRS" complex or the timing varies by more than a pre-set variation standard. It is intended only for intensive care or coronary care units. It is less expensive than the larger multi-purpose computers. It will give an instant replay on any segment of the record as far back as 24 hours.

* * *

Mead Johnson is introducing a new strength of its vasodilator—Vasodilan. It is now available in 20 mg. tablets, in addition to the original 10 mg. size. Each tablet now carries a strength marking, either "10" or "20."

* * *

Bio-Medical Sciences has the world's first disposable thermometer. It consists of a strip of plastic coated paper containing a series of printed numbers encompassing a practical range of human temperatures in 0.2 degrees gradations. Each number is covered by a substance that turns transparent as that temperature is reached. Said to be very handy and simple. It provides a reading in 10 seconds or less. Not mentioned is the fact that, once the mouth is opened, its interior does not return to body temperature until the mouth has been closed for at least three minutes. The new fever stick may be convenient, cheap and easy to read but it will not indicate body temperature any sooner than an ordinary clinical thermometer.

* * *

Mead Johnson announces a new disposable nurser complete with a pre-attached nipple for hospital use. Nursette®-RN is prefilled with formula and has its own attached nipple. Removal of the nipple cover is the only operation necessary to prepare the bottle for nursing. Both nipple and bottle are discardable. Special discharge packs of the Enfamil formula are available for the mother to take home.

* * *

Bourns Life Systems has a new Respiration/Apnea Monitor. It is small and lightweight and may be placed on top of the incubator or may be clamped to an I.V. rod near the patient. The respiration rate is continuously monitored with an audio-visual apnea alarm selectable for either 10 or 20 seconds. The alarm automatically deactivates if the patient resumes normal breathing.

* * *

Parke-Davis announces that an increased supply of Fluogen will be available this year for the flu season. The product was in short supply last year when it was introduced but adequate amounts are now on hand. The vaccine is highly purified and contains essentially only the antigenic portion or protein overcoat of the virus. This greatly reduces adverse reactions. The formula for 1970-71 contains type A_2, the Hong Kong variant, and type B for a total of 700 CCA units. ◄

County, District News

Tenth District

Drs. Lambro Dimitroff, Hammond, and J. M. Siekierski, Griffith, were elected president and secretary, respectively, at a meeting of the Tenth District on October 21.

Cass

The new president of the Cass County Medical Society is Dr. E. Camille Parker; vice president, Dr. J. Carl Jones; and secretary-treasurer, Dr. Russell A. Eckert. Dr. Eugene T. Karnafel was elected delegate with Dr. Richard L. Glendening alternate. All are from Logansport.

Dearborn-Ohio

Twelve members and four guests were present for the December 3 meeting of the Dearborn-Ohio County Medical Society at the Dearborn Country Club. Guest speaker was Dr. John Holmes, Cincinnati cardiologist, whose subject was "When Does an M.D. Ask for a Cardiac Consultation?"

Elkhart

Rollie Hoover, a member of the faculty of Elkhart High School, described the drug education program being carried on in his school at the December meeting of the Elkhart County Medical Society. Afterwards, "The Speed Scene," film taken at the 1970 Hoosier Teen Health Happening, was presented.

Dr. Elmer R. Billings, Elkhart, is the new president; Dr. John P. Turner, Goshen, vice president, and Dr. Page E. Spray, Elkhart, secretary-treasurer.

Jasper

Dr. Paul Williams has been named to succeed Dr. Kenneth R. Ockermann as president of the Jasper County Medical Society. Dr. Francis E. O'Brien continues as secretary. Both are from Rensselaer.

Jefferson-Switzerland

Twenty-eight were present for the December meeting of the Jefferson-Switzerland County Medical Society. They were guests of the Pfizer Company which presented a film on "Sinequan." Dr. Milton Lipson, a new member, was present for the first time.

In the election which took place Dr. John Love, Madison, was named president and Dr. Ott B. McAtee, Madison, was re-elected secretary-treasurer.

Madison

Dr. Russell Marlin of the Indiana University School of Medicine spoke on "Infectious Diseases" at the December meeting of the Madison County Medical Society. Newly elected president is Dr. Basil Dulin, Anderson, with Dr. Franklin Beeler, Anderson, named president-elect. Dr. Ralph Reynolds, Alexandria, will serve as secretary-treasurer.

Marshall

"Acute Respiratory Failure" was the subject of the talk given by Dr. Charles O. Hamilton, anesthesiologist at South Bend Memorial Hospital, before the December meeting of the Marshall County Medical Society.

Tippecanoe

Sixty-seven members and eight guests attended the December meeting of the Tippecanoe County Medical Society at The Trails. Dr. Paul E. Mohrs was welcomed as a new member.

Wells

At the November meeting of the Wells County Society it was decided to subsidize the winners of the Science Fair, as has been done in the past. New officers chosen to serve for the coming years are: Dr. Louis F. Bradley, president, Dr. Jack T. Collins, vice president, and Dr. Galen C. Huffman, secretary-treasurer. All are from Bluffton.

Whitley

New officers were chosen when the Whitley County Medical Society held its December meeting at Columbia City. They are: President, Dr. Donald B. Reid; vice president, Dr. Warren L. Niccum; secretary-treasurer, Dr. John L. Wilson. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—November 1970

Disease	Nov. 1970	Oct. 1970	Sept. 1970	Nov. 1969	Nov. 1968
Animal Bites	601	908	845	626	666
Chickenpox	182	109	26	252	461
Conjunctivitis	133	173	127	74	94
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	14	36	37	26	14
Gonorrhea	663	817	754	637	634
Impetigo	172	326	243	169	197
Infectious Hepatitis	49	42	41	62	60
Infectious Mononucleosis	99	117	61	84	106
Influenza	1545	1176	543	1076	1232
Measles					
Rubeola	3	1	5	8	16
Rubella	53	70	57	67	59
Meningococcic Meningitis	2	1	0	3	4
Meningitis, Other	3	3	7	1	6
Mumps	243	117	63	206	185
Pertussis (Whooping Cough)	4	23	15	6	13
Pneumonia	455	379	198	278	311
Poliomyelitis	0	0	0	0	1
Streptococcal Infections	668	715	512	556	551
Syphilis					
Primary & Secondary	18	36	21	48	34
All Other Syphilis	87	139	103	94	169
Tinea Capitis	2	6	5	2	6
Tuberculosis (Active)	76	102	65	59	80

INDIANA STATE MEDICAL ASSOCIATION

Financial Statements

Year Ended September 30, 1970

Board of Trustees,
Indiana State Medical Association,
Indianapolis, Indiana.

We have examined the statement of financial condition of the Indiana State Medical Association as of September 30, 1970, and the related statements of income and expense of the general fund and changes in fund balances for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying statements present fairly the financial position of the Indiana State Medical Association at September 30, 1970, and the results of its general fund operations and changes in fund balances for the year then ended, in conformity with generally accepted accounting principles for organizations of this type applied on a basis consistent with that of the preceding year.

The accompanying supplementary schedules have been subjected to the tests and other auditing procedures applied in the examination of the financial statements mentioned above and, in our opinion, are fairly stated in all material respects in relation to the financial statements taken as a whole.

Geo. S. Olive & Co.

Certified Public Accountants

Indianapolis, Ind.

October 30, 1970

Exhibit A

INDIANA STATE MEDICAL ASSOCIATION

Statement of General Fund Income and Expense

	Year Ended September 30		
	1970 Budget	1970 Actual	1969 Actual
INCOME—notes 1 and 2:			
Dues	$ 355,320	$ 346,748.75	$ 315,476.25
Less: Dues allocated as follows:			
Building fund	39,300	39,422.50	39,240.00
American Medical Education fund	19,650	19,725.00	19,620.00
The Journal	24,228	26,223.50	32,264.00
Medical Defense fund	4,912	4,931.25	4,905.00
	88,090	90,302.25	96,029.00
Dues available for general fund operations	267,230	256,446.50	219,447.25
Other income:			
Interest income on investments	10,000	17,094.36	11,433.18
Amounts received from American Medical Association	2,500	2,635.15	2,643.90
The Journal—net income (loss)—schedule A-1	(7,522)	(6,916.99)	2,215.41
Miscellaneous	2,000	2,481.15	18,539.93*
	274,208	271,740.17	254,279.67
EXPENSE:			
Committees and commissions—schedule A-2	34,000	37,910.80	17,961.47
Officers and Board—schedule A-2	42,300	49,388.39	46,770.11
Headquarters office—schedule A-3	172,500	181,976.81	141,790.79
Annual meeting expense schedule A-4	.....	9,550.97	7,941.11
Membership expense	2,500	4,236.69	2,225.69
Dues, subscriptions and donations	4,000	3,486.50	4,057.51
Employees' retirement expense	12,000	15,975.87	13,634.17
	267,300	302,526.03	234,380.85
NET INCOME (LOSS)	$ 6,908	$(30,785.86)	$ 19,898.82

(Exhibit C)

*Miscellaneous income for 1969 includes reimbursement of prior year's Champus expenses in the amount of $16,189.75.

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION

Statement of Financial Condition at September 30, 1970

ASSETS

GENERAL FUND:			
Cash on deposit and on hand		$ 85,194.87	
Investments—at cost:			
U. S. Treasury bonds (market value $41,770)		55,114.80	
U. S. Treasury bills		81,604.79	
Mutual fund shares (market value $23,370)		27,539.54	
Accounts receivable		6,716.04	
Reimbursement due from U. S. Government for processing Champus claims		7,679.45	
Prepaid expense and miscellaneous assets		9,396.89	
Office furniture and equipment—note 2	$ 64,430.56		
Less: Accumulated depreciation	40,589.67		
		23,840.89	
Due from building fund—note 3		28,570.45	
			$ 325,657.72
BUILDING FUND:			
Cash on deposit		13,504.28	
Cash in savings account		5,495.30	
U. S. Treasury bills		66,059.55	
Prepaid expense		3,168.63	
Meridian Street property—note 2:			
Land	69,187.60		
Office building and improvements	$326,037.24		
Less: Accumulated depreciation	52,349.11		
	273,688.13		
		342,875.73	
Rental properties—at cost (net of $8,597.24 accumulated depreciation)		84,560.76	
			515,664.25
STUDENT LOAN FUND:			
Cash on deposit		264.73	
Cash in savings account		18,340.70	
Certificates of deposit—note 4		20,810.00	
Notes receivable from students		584.57	
			40,000.00
MEDICAL DEFENSE FUND:			
Cash on deposit		5,660.42	
U. S. Treasury bonds (market value $16,815) plus accrued interest receivable		25,315.71	
Due from general fund		812.50	
			31,788.63
CHAMPUS FUND:			
Cash on deposit		1,834.22	
Reimbursement due from U. S. Government for advance payments made to doctors		119,165.78	
			121,000.00
			$1,034,110.60

See accompanying notes to financial statements.

Exhibit B

LIABILITIES AND FUND BALANCES

GENERAL FUND:		
Accounts payable	$ 7,037.26	
Accrued taxes	3,361.29	
Allocation of dues payable to American Medical Education and Research Fund	19,725.00	
Advances from American Medical Association	10,033.71	
Unearned portion of 1970 dues	84,153.75	
Exhibitors' deposits for 1970 annual meeting	12,975.00	
Due to medical defense fund	812.50	
Fund balance—exhibit C	187,559.21	
		$ 325,657.72
BUILDING FUND:		
Loans from members (non-interest bearing)	22,175.00	
Accrued property taxes	20,650.52	
Guarantee and damage deposits	385.00	
Due to general fund—note 3	28,570.45	
Fund balance—note 3—exhibit C	443,883.28	
		515,664.25
STUDENT LOAN FUND:		
Fund balance—exhibit C:		
Principal balance appropriated from general fund—note 4	40,000.00	
		40,000.00
MEDICAL DEFENSE FUND:		
Fund balance—exhibit C	31,788.63	
		31,788.63
CHAMPUS FUND:		
Fund balance (cash advanced by U. S. Government)—exhibit C	121,000.00	
		121,000.00
		$1,034,110.60

Exhibit C

INDIANA STATE MEDICAL ASSOCIATION

Statement of Changes in Fund Balances,

Year Ended September 30, 1970

	General Fund	Building Fund	Student Loan Fund	Medical Defense Fund	Champus Fund
FUND BALANCES, OCTOBER 1, 1969	$190,340.39	$464,299.32	$40,000.00	$34,237.51	$ 73,996.91
ADDITIONS:					
Dues allocated to restricted funds		39,422.50		4,931.25	
Other income credited directly to restricted funds		1,154.40		911.52	
Additional funds advanced by U. S. Government					47,003.09
		40,576.90		5,842.77	47,003.09
DEDUCTIONS:					
Net loss, year ended September 30, 1970—exhibit A	30,785.86				
Prior year adjustment charged directly to fund balance	565.77				
Headquarters building expense charged to building fund—note 3:					
Depreciation		7,553.87			
Property taxes		14,254.97			
Utilities		6,320.29			
Repairs and maintenance and other		4,293.36			
Malpractice defense fees charged directly to Medical Defense Fund				8,291.65	
	31,351.63	32,422.49		8,291.65	
INTERFUND TRANSFER:					
Appropriation from building fund to general fund—note 3	28,570.45	(28,570.45)			
FUND BALANCES, SEPTEMBER 30, 1970—exhibit B	$187,559.21	$443,883.28	$40,000.00	$31,788.63	$121,000.00

See accompanying notes to financial statements.

INDIANA STATE MEDICAL ASSOCIATION

Notes to Financial Statements at September 30, 1970

NOTE 1—GENERAL PURPOSE AND NATURE:

The Association was organized as the Indiana State Medical Society in 1849. The Articles of Incorporation were amended in 1926 to change the name to the Indiana State Medical Association.

The purposes for which the Association was formed were to extend medical knowledge; advance medical science; elevate standards of medical education; enlighten the public in regard to problems of medical care, public health, cure of disease; thereby prolonging and adding comforts to life.

The Association is exempt from the payment of federal income tax (except on unrelated business income) under the provisions of sections 501 of the Internal Revenue Code as an organization formed and operated to promote the objectives outlined above.

NOTE 2—METHOD OF ACCOUNTING AND BASIS OF ASSETS:

The Association maintains its books and records on the accrual basis. Investments in securities, rental properties and various other assets reflected in the statement of financial condition are carried at cost if purchased or at market value at date of receipt if acquired by gift. Unless stated otherwise, the market value of investments in securities approximates cost.

Depreciable assets are carried at cost and are depreciated on the straight-line method over the estimated useful lives of the respective assets.

The assets, liabilities and operations of *The Journal*, the Association's monthly publication, are reflected as a part of the general fund in the accompanying financial statements. The budget for the year ended September 30, 1970 has been adjusted to include the operations of *The Journal*.

NOTE 3—INTERFUND TRANSACTIONS:

During the current year, the Association's Board of Trustees approved the absorption by the building fund of any loss sustained by the general fund, including the operations of *The Journal*, for the year ended September 30, 1970. Accordingly, an amount equivalent to the 1969-1970 loss of $30,785.86 reduced by the September 30, 1969, surplus in *The Journal* in the amount of $2,215.41, is shown in exhibit C as an appropriation to the general fund from the building fund.

In addition, the Board authorized the charging of the expenses involved in operating the headquarters building directly to the building fund. These expenses totaling $32,422.49 covering building depreciation, property taxes, utilities, etc., are shown as a reduction of the building fund balance. For comparative purposes, similar charges for fiscal 1969 previously classified as general fund operating expenses totaling $19,666.05 have been deleted from the statement of general fund income and expense for the year ended September 30, 1969 as set forth in exhibit A.

NOTE 4—STUDENT LOAN FUND PRINCIPAL:

The Student Loan fund is a separate irrevocable charitable trust established in October, 1955, for the purpose of making loans to medical students. The assets and equity of this trust are included in the accompanying financial statements in order to reflect the fiduciary responsibilities of the Indiana State Medical Association as trustee of the fund. This loan fund was created and funded through cash appropriations from the general fund totaling $40,000 over a five-year period beginning in May, 1956.

Under the terms of an agreement with The Indiana National Bank, Indianapolis, the bank is making loans to students enrolled and in satisfactory standing at the Indiana University Medical School at the rate of twelve and one-half dollars for each dollar placed in a capital reserve at the bank. As of September 30, 1970, the bank held $20,810 in this capital reserve (represented by certificates of deposit) thereby producing an available loan balance approximating $260,000, of which $44,800 had been loaned to medical students. The Association is contingently liable for these latter loans to the extent of the collateral only.

The Executive Committee, in conjunction with the Student Loan Committee, is to review the student loan situation annually for the purpose of authorizing further general fund appropriations to the loan fund as additional funds are needed to guarantee loans under the agreement with The Indiana National Bank.

SUPPLEMENTARY SCHEDULES

Schedule A-1

INDIANA STATE MEDICAL ASSOCIATION

The Journal Statement of Operations

	Year Ended September 30		
	1970 Budget	1970 Actual	1969 Actual
INCOME:			
Dues allocated from general fund	$ 24,228	$ 26,223.50	$ 32,264.00
Subscriptions—non-members	1,500	2,166.00	1,520.50
Advertising	43,000	38,154.04	43,232.55
Other	5,000	10,067.20	4,701.60
	73,728	76,610.74	81,718.65
EXPENSE:			
Salaries, commissions and outside help	19,000	18,282.81	17,980.28
Printing and reprints	46,000	47,832.53	45,275.69
Engraving, art work and photographs	5,000	5,469.92	5,405.91
Office supplies and postage	650	557.26	717.61
Travel and meeting expense	1,800	1,823.82	1,698.30
Bulk mailing	1,600	1,638.25	1,553.14
Other publishing expense	850	977.48	953.66
Indiana gross income tax	.....	595.94	.....
Payroll taxes	550	579.47	537.66
Rent and utilities	3,500	3,526.97	3,526.97
Telephone and telegraph	400	406.80	327.49
Insurance and retirement	700	1,034.48	653.48
Cash discounts allowed and miscellaneous	1,200	802.00	873.05
	81,250	83,527.73	79,503.24
NET INCOME (LOSS)—exhibit A	$(7,522)	$(6,916.99)	$ 2,215.41

Schedule A-2

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Operating Expense—Committees and Commissions—Officers and Board

COMMITTEES AND COMMISSIONS:

	Year Ended September 30		
	1970 Budget	1970 Actual	1969 Actual
Standing committees:			
Grievance	$ 200	$ 42.00	$ 146.00
Student loan	50	17.76	93.96
Medical legal services	200	47.00	53.30
President's advisory	500	161.70	559.73
Commissions:			
Constitution	350	382.62	458.41
Inter-professional relations	200	6.00	126.30
Legislation	500	172.30	3,636.66
Public health	400	453.10	389.80
Public information	400	291.75	393.28
Special activities	250	590.19	284.76
Voluntary health agencies	400	1,109.59	386.84
Medical economics and insurance	600	490.30	654.35
Medical education and licensure	350	401.58	390.30
Governmental medical services	400	530.23	242.27
Aged and aging	400	373.60	448.69
Education	6,000	2,956.89	5,755.34
Future planning	200	313.27	479.86
Medicine and sports	300	112.80	260.49
Emergency medical care	600	231.18	704.40
Medicine and religion	200	.....	.....
Health Week	15,000	15,755.57	.....
County Society Officers conference	1,500	1,207.43	.....
Medical insurance review	.....	58.00	....
Teen Health Happening	.....	119.51	.....
Computer Project	.....	5,000.00	.....
Government medical programs	.....	555.07	481.97
Special programs and miscellaneous	5,000	6,531.36	2,014.76
Totals—exhibit A	$ 34,000	$ 37,910.80	$ 17,961.47

OFFICERS AND BOARD:

President	$ 8,000	$ 9,858.42	$ 10,101.06
President-elect	2,000	2,621.22	2,724.27
A.M.A. meetings	15,000	13,868.12	17,355.89
Treasurer's office	4,300	4,075.76	4,015.74
Board chairman and board meetings	10,000	15,467.30	9,636.75
Executive committee meetings	3,000	3,497.57	2,936.40
Totals—exhibit A	$ 42,300	$ 49,388.39	$ 46,770.11

Schedule A-3

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Operating Expense—Headquarters Office

	Year Ended September 30		
	1970 Budget	1970 Actual	1969 Actual
Salaries	$109,000	$109,345.40	$ 83,522.94
Telephone and telegraph	6,000	7,843.88	5,718.59
Postage	4,000	4,593.80	3,899.79
Printing and office supplies	6,000	5,675.30	5,141.22
Travel, entertainment and field expense	17,000	15,370.34	12,951.12
Building operations	12,500	6,281.94	4,769.03
Insurance	7,500	8,961.18	7,324.73
Extra help	500	1,332.24	793.37
Payroll taxes	3,000	3,524.55	2,829.77
Property taxes	.....	1,257.19	1,032.25
Equipment maintenance	2,000	1,890.76	2,165.44
Depreciation of furniture and equipment	.....	5,390.75	5,652.33
Legal fees	4,000	8,687.67	4,124.61
Miscellaneous	1,000	1,821.81	1,865.60
Totals—exhibit A	$172,500	$181,976.81	$141,790.79

Schedule A-4

INDIANA STATE MEDICAL ASSOCIATION
Analysis of Operating Expense—Annual Meeting

	Year Ended September 30	
	1970	1969
Convention planning	$ 675.55	$ 2,179.33
Speakers' travel and expense	1,951.81	2,433.76
Technical exhibits, circulars, etc.	2,801.23	2,971.59
Scientific program and exhibits	803.25	1,839.63
Programs, handbooks and printing	5,308.07	4,913.46
Badges	104.35	210.15
Meetings—Council and House of Delegates	1,350.09	1,005.59
Telephone service	153.24	134.46
Office personnel expenses	722.75	1,215.95
Plaque awards	435.31	407.39
Prizes—annual meeting	349.64	100.00
50-year club	187.41	124.74
Photography	557.00	405.61
Banquet, luncheon and party	10,504.74	5,521.92
Women physicians	18.34	694.56
Miscellaneous	1,928.19	707.97
	27,850.97	24,866.11
Less: Income from exhibitors' booths	$18,300.00	16,925.00
Excess of expense over income—exhibit A	$ 9,550.97	$ 7,941.11

SIXTEENTH ANNUAL

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POSTGRADUATE MEDICAL REFRESHER COURSE

MARCH 8-18, 1971

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IMMEDIATE OPENING: Internist or general practitioner to join six man multi-specialty group in northeastern Wisconsin. Excellent professional opportunity to practice in a friendly community, only two actively practicing physicians (general practitioners) in the community outside of our clinic. Salary commensurate with training and experience first year and then full partnership. Ideal, safe small city living for the family on scenic Lake Michigan with excellent fishing, boating and hunting. All this and still only 1½ hours drive to Milwaukee or 45 minutes to Green Bay or lovely Door County. For complete details contact Robert E. Myers, M.D., Garfield at 23rd, Two Rivers, Wisconsin 54241.

WANTED: G. P. Small community has ample space in attractive Building as present G. P. is moving out of State; Community is located in Northern Indiana; Monterey Lions Club is actively seeking G. P. and will assist in any way possible. Write to Monterey Lions Club, Monterey, Indiana 46960.

WANTED General Practitioner interested in partial retirement to associate with General Practitioner in South Bend, to share a family practice working 6 months out of the year. Right person can net $30,000 or more. For further details write Box 363 The Journal, 3935 N. Meridian St., Indianapolis, Ind.

WANTED: General Practice Associate—Young physician wants to build group. 36 - 40 hours per week, $25,000 first year. One month's paid vacation. No OB. Night call every fifth night. Profit sharing, pension plan, life and disability insurance. No investment. New, quaint, European style chalet clinic close to small college in Indianapolis. Write Box 362, The Journal, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208.

WANTED: G. P. for aggressive community in Southern Indiana. Funds available to build modern clinic to house two doctors, emergency room and x-ray room included. Clinic could be built along lines recommended by doctor selected. Rent free for 90 days — reasonable rent with option to buy if doctor so desires. Please contact Herbert L. Kestler, The Napoleon State Bank, Napoleon, Ind., Secretary, Inter-Community Medical Center. Phone UL2-4242, area code 812. Office space will be provided until clinic is complete.

MONTEGO BAY JAMAICA: Three bedroom, three bath villa; three servants; swimming pool; private beach; competitive rent. Nearby golf, fishing, etc. 10% off national advertised rent for ISMA members. Inquire for details: D. F. Buehner, M.D., 3700 Bellemeade, Evansville, Ind. 47715.

FOR SALE—General Practice, northwest Indiana, includes building, equipment, drugs and supplies — grossing over $100,000 — terms can be arranged — retiring, 25-year active practice. Contact Dr. M. J. Hetman, 155 Main St., Westville, Ind. 46391.

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Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

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Send cash with order. Average count: seven words to the line.

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February 1971 • Vol. 64 • No. 2 • Indianapolis, Indiana

The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

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MAR 9 1971

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Before prescribing, please consult complete product information, a summary of which follows:

Indications: Management of manifestations generally associated with the menopausal syndrome—anxiety and tension, vasomotor complaints and hormonal deficiency states.

Contraindications: Women with cancer of breast or genitalia, except inoperable cases, and those with known hypersensitivity to chlordiazepoxide and/or esterified estrogens.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Exclude other possible causes of menopausal syndrome manifestations, such as pregnancy. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions) similar to those seen with barbiturates have been reported following discontinuance of chlordiazepoxide HCl. Potential benefits of use in pregnancy, lactation or women of childbearing age should be weighed against possible hazards to mother and child. Clinical data inadequate on safety in pregnancy.

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With estrogens, headache, nausea and vomiting, anorexia, gastrointestinal discomfort, dysuria and urinary frequency, jitteriness, breast engorgement, formation of breast cysts, skin rashes and pruritus occasionally seen. Administration may also be associated with uterine bleeding and/or followed by withdrawal bleeding.

Usual Dosage: One tablet t.i.d. for 21 days, followed by one-week rest periods.

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5 mg chlordiazepoxide	5-2	0.2 mg water-soluble esterified estrogens
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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Office of Publication

3935 N. Meridian, Indianapolis, Indiana 46208

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Photographs should be printed on glossy paper. Negatives cannot be used.

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THE INDIANA STATE MEDICAL ASSOCIATION

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11.	Llayd C. Hill, Peru	Fred Poehler, La Fantaine	Peru
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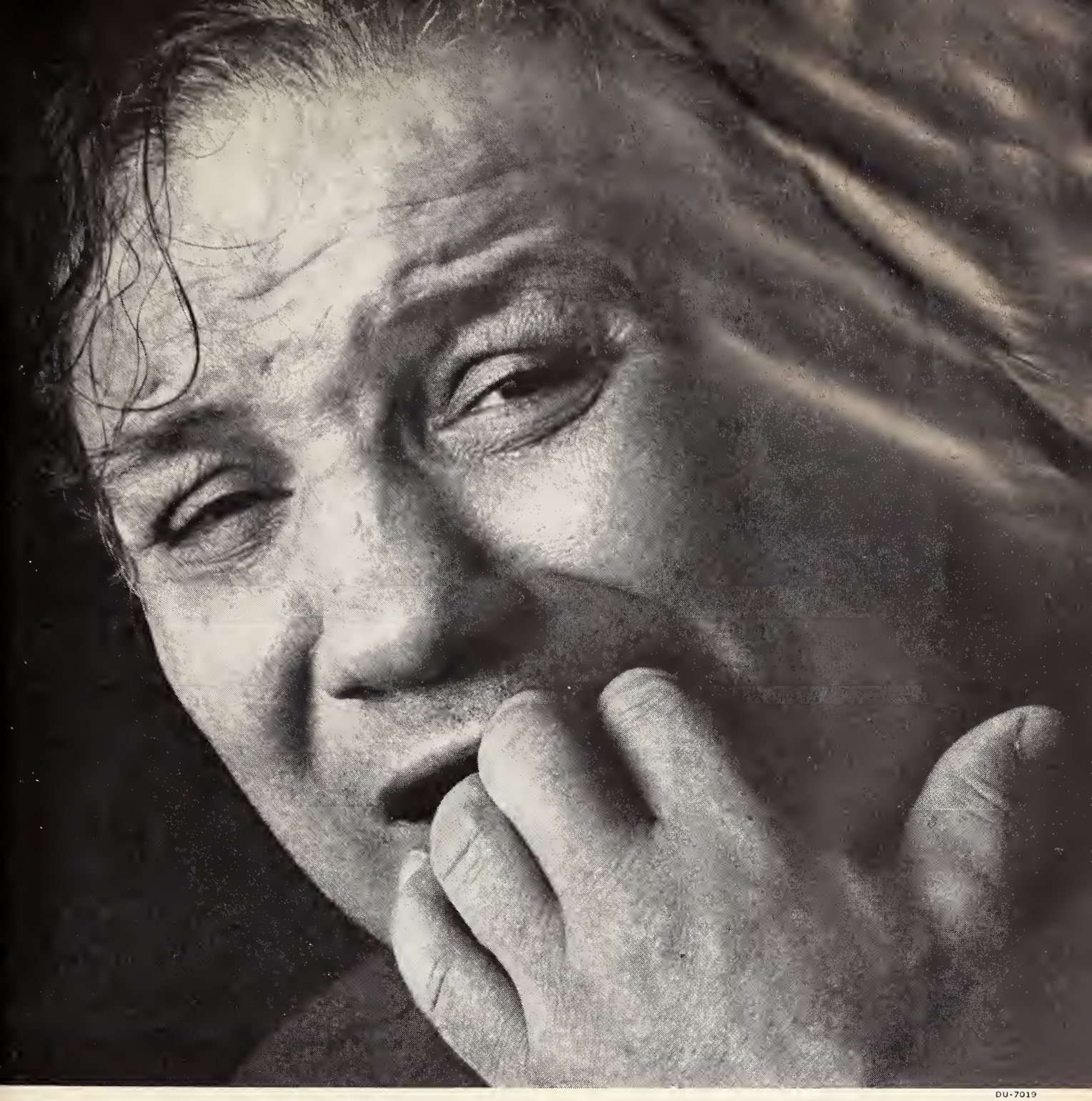

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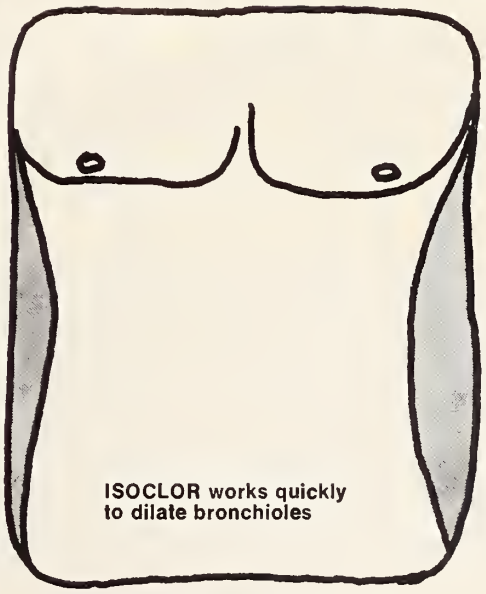
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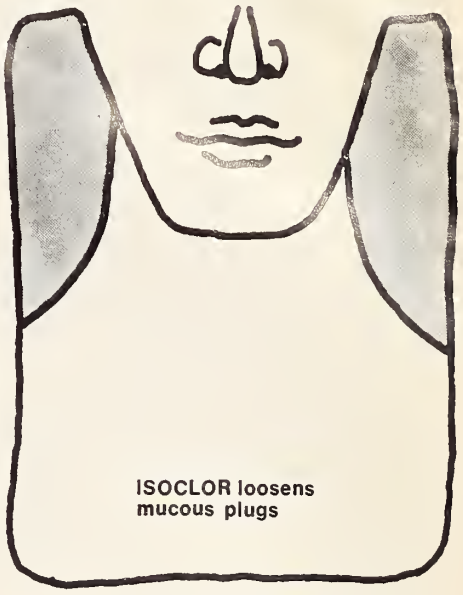
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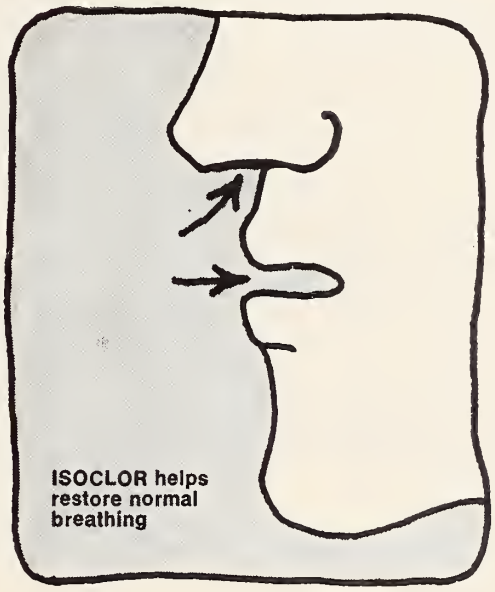
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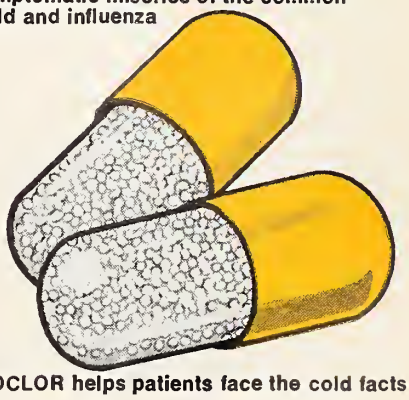

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This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

THE FEDERAL government now has the authority to expand the U.S. Public Health Service to provide direct medical and other health care services in ghettos and rural areas where there are shortages of physicians and other health personnel.

BEFORE such a program can be started, the state and local medical society must certify that it is needed.

THE SENATE approved the authorizing legislation, 66 to 0, and the House by an almost unanimous voice vote. President Nixon signed it into law on Dec. 31 although the secretary of Health, Education and Welfare, and the PHS surgeon general had asked Congress to defer action until the President had presented his overall health program early this year.

THE LEGISLATION authorized $10 million for the current fiscal year ending next June 30, $20 million for fiscal 1972 and $30 million for fiscal 1973. The money must be appropriated before it is available for the program.

IN ITS report approving the legislation, the House commerce committee expressed a hope that it would help revitalize the PHS which the Nixon Administration reportedly has been planning to further downgrade, or even eliminate, in a reorganization of the health activities of HEW.

"THAT THE Public Health Service has been allowed to languish, and that the great functions it has performed have largely been stripped from it, is the fault of this and previous administrations, and a tragedy from the standpoint of the nation's health needs," the committee report said.

PHYSICIANS enlisting in the program will become PHS commissioned officers and, as such, be exempt from the military draft. Fees paid for their services will be set by the HEW secretary and go into the U.S. treasury.

THE HEW SECRETARY has the responsibility of determining, after consultation with local officials and health groups, what areas need such a program. He then can assign PHS personnel there after receiving a request from a state or local health agency or other public or nonprofit private health organization and a certification of need from the state and local medical society.

THE NEW LAW—the "Emergency Health Personnel Act of 1970"—also provides for the establishment of a 15-member National Advisory Council on Health

Manpower Shortages. It will include three members from the health professions, three members from state health or health planning agencies and four from the general public representing consumers of health care.

PRESIDENT, AT 58, IN "EXCELLENT HEALTH"

PRESIDENT NIXON was pronounced in "excellent health" with a "young man's blood pressure" after his annual physical checkup.

AIR FORCE Brig. Gen. Walter Tkach, M.D., the President's physician, said that all the tests given the nation's chief executive at the Bethesda (Md.) Naval Medical Center were within normal limits. The examination team of five physicians including himself, Tkach said, found Nixon's blood pressure to be 118/82 compared to last year's reading of 120/80. He described it as a "young man's blood pressure, ideal" for the president who was only 10 days short of his 58th birthday.

TKACH'S only recommendation for Nixon was that he take more time for exercise and recreation, preferably in California or Florida. The President partly heeded the advice, going to California shortly thereafter for a "working vacation."

REPORTS URGE EXTENSIVE PROGRAMS TO COMBAT CANCER, HEART DISEASE

THREE MAJOR reports before the federal government urge extensive programs to combat cancer and heart disease.

A SPECIAL panel of 26 expert consultants, in a report to the Senate Labor and Welfare Committee, urged a multi-billion dollar crusade against cancer in an effort to erase its "staggering" impact of death and suffering caused by the disease.

THE NATIONAL Advisory Cancer Council urged increased educational efforts by both governmental and private agencies to warn the public against the hazards of smoking.

THE INTER-SOCIETY Commission for Heart Disease Resources recommended a program that would promote drastic changes in the nation's dietary habits, elimination of cigarette smoking and research into the causes of high blood pressure.

THE LATTER two bodies were set up by the Department of Health, Education and Welfare. The heart disease commission is made up of more than 100 experts in cardiovascular disease, epidemiology, radiology, rehabilitation and surgery from 29 medical organizations, including the American Medical Association, the American Heart Association, the American Nurses Association, the American Hospital Association and the College of Cardiology.

BASED on a four-month study, the cancer report to the senate committee included an estimate that 50 million Americans now living will develop the disease and that 34 million of them will die unless immediate steps are taken to curb it.

THE CONSULTANTS recommended a sweeping program keyed to consolidation of all existing cancer research projects into a national cancer authority directly responsible to the president.

"THE COMMITTEE is unanimously of the view that the conquest of cancer is a realistic goal if an effective national program along the lines in the report is promptly initiated and relentlessly pursued," said Benno C. Schmidt, co-chairman of the group.

THE REPORT recommended doubling cancer research spending to $400 million in the 1972 fiscal year, and increasing it by $100 million to $150 million in subsequent years to a $1 billion level in 1976.

THE PANEL of consultants, which included labor and civic leaders as well as distinguished cancer researchers, said that the program should be devoted primarily to research into the causes and cures of cancer, rather than to patient care.

THE NATIONAL Advisory Cancer Council's fourth annual report on cancer research cited the more than 60,000 deaths a year in the United States from an "epidemic" of lung cancer attributed mainly to cigarette smoking. The report dealt with the chemical causes of cancer and the effects of many environmental factors, not only the "private pollution" of smoking but also the more public air pollution from industrial and commercial wastes, as causative agents in malignant disease.

AS OF January 2, a ban on all advertising of cigarettes on television and radio became effective under legislation approved in the Congress, and all packages of cigarettes manufactured and sold in the United States now must carry a new printed warning: "The Surgeon General has determined that cigarette smoking is dangerous to your health." This replaced the milder warning required by a 1965 law that expired in 1969 which said: "Caution: cigarette smoking may be hazardous to your health."

ALTHOUGH a substantial portion of this report of the Council was devoted to the problem of smoking and health, it was stated that the production of cancer by chemicals is part of a larger problem of the hazards facing man in a polluted environment. The report pointed out that the death rate from cancer continues to increase despite steady improvement in the cure rate, and suggested that this may be related largely to increased exposure of the population to cancer-causing agents in the environment.

THE HEART disease commission's report said the nation's cholesterol-rich diet, cigarette smoking and high blood pressure are the primary reasons for one million heart attack deaths and 600,000 heart disease deaths in the United States annually. The report cited five secondary factors: obesity, diabetes, tensions, sedentary living and heredity.

THE COMMISSION urged "safe and reasonable" changes in everyone's diet to reduce saturated fats and cholesterol even though present evidence that such dietary changes would help is now "suggestive" rather than "conclusive." In an effort to obtain "conclusive" evidence, the commission's experts recommended large-scale, federally-financed scientific studies of American eating habits and their consequences in terms of heart-artery health or illness. The commission envisaged studies costing about $80 million, requiring 10 years and involving some 60,000 persons on typically high-fat diets as subjects.

HEW GETS $300 MILLION MORE FROM CONGRESS THAN NIXON ASKED

CONGRESS appropriated for the Department of Health, Education and Welfare more than $300 million more for the current fiscal year (1971) for its health programs, other than Medicare and Medicaid, than was requested by the Nixon Administration.

THE APPROPRIATION approved by Congress was a compromise between House and Senate figures and represented increases over Administration allotments with the exception of the two for the Food and Drug Administration and Comprehensive Health Planning which were the amounts requested—$89.5 million and $247.1 million, respectively.

THE TOTAL HEW appropriation for specific health programs amounted to $739.9 million. The National Institutes of Health appropriation included $275.9 million for health manpower programs, $33.7 more than asked. The mental health appropriation totalled $379.5 million, a $32.8 million increase. A $196.5 million appropriation for medical facilities construction included a $107.2 increase. There was a $300,000 increase in the maternal and child health appropriation of $255.6 million.

IMPROVED HEALTH CARE FOR CHILDREN URGED

THE NIXON Administration has been urged by a "Health Caucus" headed by the American Medical Association's president to give a high priority to health services for children.

THE CAUCUS comprised representatives of the AMA, the Women's Auxiliary to the AMA, and the American Dental Association at the White House Conference on Children. Dr. Walter C. Bornemeier, president of the AMA, was chairman.

STEPHEN HESS, chairman of the conference, said he would forward to President Nixon a letter outlining the unanimous views of the caucus. The letter was accompanied by a resolution on child health care adopted by the House of Delegates at the AMA's 1970 clinical convention in Boston, Mass. The caucus cited the resolution's five recommendations as examples of steps that should be taken to improve child health care. The recommendations:

—THAT relevant parent health education related to total health of the mother, leading to the seeking of prenatal care, be made available on a wide scale.

—THAT medical care that anticipates high risk mothers be made more readily available.

—THAT IN each state a system of intensive care units of potential high-risk mothers and infants be developed.

—THAT THE conference urge the expansion of the health aspects of programs for all school children.

—THAT all payers of health care (the insurance industry) structure their contracts to cover the newborn from the moment of birth. ◄

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Warnings: Photodynamic reactions have been produced by tetracyclines. Natural and artificial sunlight should be avoided during therapy. Stop treatment if skin discomfort occurs. With renal impairment, systemic accumulation and hepatotoxicity may occur. In this situation, lower doses should be used and serum estimations may be necessary during prolonged therapy. Tooth staining and enamel hypoplasia may be induced during tooth development (last trimester of pregnancy, neonatal period and childhood).

Precautions: Mycotic or bacterial superinfections may occur. Infants may develop increased intracranial pressure with bulging fontanels. Cases of gonorrhea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of 4 months.

Adverse Reactions: Glossitis, stomatitis, nausea, diarrhea, flatulence, proctitis, vaginitis, dermatitis, and allergic reactions may occur.

Usual Adult Dose: One Gm./day in 2 or 4 equally divided doses. Continue therapy for ten days in Group A beta-hemolytic streptococcal infections. Administer one hour before or two hours after meals.

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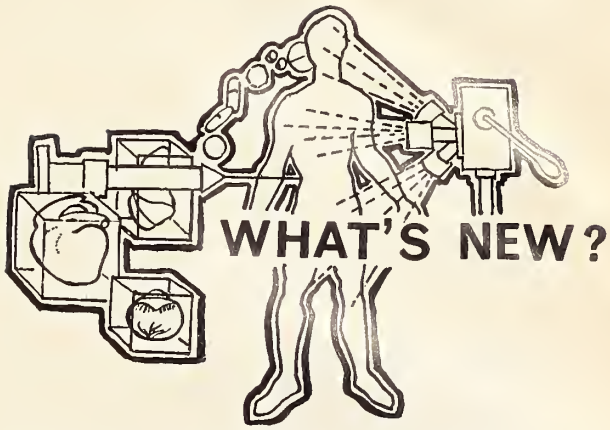

A new tranquilizer for the treatment of alcohol dependence, Serentil® (mesoridazine), has been developed and made available by Sandoz Pharmaceuticals, Hanover, N. J. The new agent offers specific advantages in addition to relief of the anxiety, tension and depression that may precipitate alcohol abuse: these include antiemetic properties, an apparent lack of habituating characteristics or hepatic toxicity, and the availability of both oral and parenteral forms.

In preparation for release of Serentil, Sandoz supported the Center of Alcohol Studies, Rutgers University, in a massive statistical survey of alcohol dependence and physicians' attitudes toward the problem, including a state-by-state analysis. From the survey and other data it was shown, for example, that while Indiana ranks 13th in the total number of alcoholics, it ranks 20th in per capita number. It was also noted that more Indiana physicians (compared with the national average) report that at least half their problem drinkers are women.

As part of its program to introduce Serentil, Sandoz is offering interested physicians a series of recorded panel discussions with leading authorities on alcohol dependence and its treatment. Also in preparation by Sandoz is an Alcoholic Directory, a state-by-state reference of treatment facilities and other pertinent data.

* * *

Syntex announces a new oral anti-inflammatory corticosteroid, Stemex, for various collagen, allergic, dermatologic and hematologic diseases. The active ingredient is paramethasone acetate. It is supplied in bottles of 100 2-mg scored tablets.

* * *

There is a new Water Encyclopedia now being published by the Water Information Center of Port Washington, New York. It contains more than 200,000 facts about water quality and the various standards of purity demanded by various uses. It is intended as a basic reference for all those who work in the water industry or for those who are just interested.

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

From the President's Desk

The annual County Society Officers Conference on January 10 was proof that if a medical program has a good theme well presented by skilled, informed speakers, that meeting will be a success. Over 150 physicians and executives of the various societies had an unusual experience hearing directly from a labor organizer about the need for proposed national health insurance. When we know our enemy, his purposes, his "pitch," and his weaknesses, we are better prepared to combat him. Labor has made national health insurance its number one legislative goal. The AFL-CIO says Labor's number one legislative goal is to upgrade America's standard of health, to establish a new and better system for delivering health care and health services to people who need them. This goal is not only for America's workers and their families but for all the American people, rich and poor, young and old, black and white, employed and unemployed.

"We are not pretending to be doctors," they say. "We believe that only members of the medical profession should have any voice in medical decisions. Any other position would be silly. But while medical treatment is the doctor's business, health is everyone's business, so all of us must be concerned about whether there is enough health care available, how to deliver it and distribute it, and how much we have to pay for it. We are concerned not only as workers but as citizens; we have a stake in the nation's health."

Spokesman, Mr. Norris, presented an emotional but a illogical presentation for the proposed compulsory national health insurance. He played the statistical game, gave misquotes and ideological promises. Such items as "the doctor will not have to worry about collecting fees," "He would only have to work a minimum of 40 hours," "He will have a minimum of paper work," and so forth. These rolled out easily. His criticisms of medicine were many but some of the recurrent ones were: "I couldn't get in to see the doctor; the doctor asked me first about whether my credit was good or not; some doctor's bills were submitted for services not performed; and most hospitals are getting payment on a 'cost-plus' basis." The final thrust of his presentation was, "A NEW and better system for the delivery of health care and health services must be created."

Too, John Smillie, M.D., director of the San Francisco Kaiser-Permanente Prepaid Plan (Capitation Payment Plan) spoke on this manner of providing health service. His presentation was very clear and precise. Dr. Smillie said that the HMO (Health Maintenance Organization) concept in Medicare and Medicaid was definitely based on the Kaiser-Permanente Plan. He suggested it as an amendment to the Social Security Act without a pilot or trial program.

Dr. Roth, AMA House of Delegates Speaker, and Dr. Todd, chairman of AMA Council on Manpower, both out-of-state speakers, joined many of the local physicians in successfully challenging the position of Labor and the speaker for the prepaid plans.

Most of us do not talk to labor leaders or study pre-payment plans because we are opposed to what they are proposing. Therefore, I feel this meeting was very informative.

BE INFORMED!

Obtain the tapes of this fine meeting from the Indiana State Medical Association headquarters and study them.

M. O. Scamahorn, MD

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1. Duvoisin, R. C.; Yahr, M.D., and Coté, L. D.: *Trans. Amer. Neurol. Assoc., 94*:81, 1969.
2. Cotzias, G. C.: *J.A.M.A., 210*:1255, 1969.

Complete Prescribing Information:
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Folic acid	0.5 mg
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Description: For prophylactic or therapeutic nutritional supplementation concomitant with levodopa therapy in patients with Parkinson's disease and syndrome, Larobec provides high potency dosages of the major B-complex vitamins, without pyridoxine (vitamin B_6) which has been reported[1,2] to reduce the clinical benefits of levodopa therapy. B-complex vitamins are essential in the anabolism of carbohydrate and protein and in hematopoiesis. Larobec also contains therapeutic quantities of ascorbic acid, a substance involved in intracellular reactions such as tissue repair and collagen formation.

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References:
1. Duvoisin, R. C., *et al.*: *Trans. Amer. Neurol. Assoc.*, *94*: 81, 1969.
2. Cotzias, G. C.: *J.A.M.A.*, *210*:1255, 1969.

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The improved benefits for the Professional Health Security Plan (the second option) will reinforce last year's program where rising health care costs and increased utilization have shown some need for higher maximums. The limit per benefit period under the Professional Health Security Plan has been raised this year from $7,500 to $25,000 with the lifetime maximum benefit period also being lifted from $15,000 to $50,000.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 64 — February 1971 — Number 2

A review of the WPW syndrome reveals symptoms, diagnosis mechanism and association with organic heart disease.

Occurrence of Organic Heart Disease in Association With the Wolff-Parkinson-White Syndrome—Analysis of 29 Cases

WILLIAM K. NASSER, M.D.,
MARVIN E. MISHKIN, M.D.,
MORTON E. TAVEL, M.D.,
PASQUALE D. GENOVESE, M.D.
*Indianapolis**

ALTHOUGH isolated electrocardiographic cases of short P-R interval were reported by Wilson,[1] Wedd,[2] and Hamburger,[3] it was not until publication by Wolff, Parkinson, and White[4] in 1930 that the syndrome of short P-R interval, broad QRS, and paroxysmal tachycardia was recognized as a distinct electrocardiographic and clinical entity. Since this time, numerous reports have resulted in many theories concerning the mechanism of this peculiar syndrome. Many have been discarded, and only a few theories remain tenable, although unproved.

In the past 10 years a total of 29 patients with the Wolff-Parkinson-White (WPW) syndrome have been evaluated at this hospital. Although the original description of this syndrome[4] suggested its occurrence in healthy, young people, subsequent reports[5,6,7,8] have associated it with, as well as without, heart disease. It is of interest that 15 of our 29 patients (52%) had evidence of organic heart disease as manifested by history, physical examination, electrocardiograms, reoentgenograms, laboratory tests, cardiac catheterization and/or post mortem examination. Although the English literature has become replete with hundreds of papers concerning the mechanism of this entity, reports concerning its clinical significance have been sparse in recent years. It is the purpose of this paper to present the findings in 29 patients, half with organic heart disease, and to suggest that the finding of the WPW syndrome should obligate the clinician to rule in or out the presence of organic heart disease.

Clinical Findings

The ages of the 29 patients ranged from 24 to 71 years with an average

* From the Medical Service, Veterans Administration Hospital, and the Department of Medicine, Division of Cardiology, Indiana University School of Medicine, Indianapolis 46202.

Supported by Grants H-6308 and HTS-5363, U.S. Public Health Service, and the Indiana Heart Association, Indianapolis.

age of 47 (Table I). Twenty-eight patients were male, which is explained by the almost exclusively male population of this hospital. There were 25 Caucasian and 4 Negro (3 male and 1 female) patients. The reasons for admission to the hospital were variable; all of the patients were seen for either medical, surgical or psychiatric problems, since this hospital represents a general hospital adult population.

At the time of the electrocardiographic finding of their WPW anomaly the ages of these 29 patients ranged between 13 and 69 years with an average age of 45. An attempt was made to obtain previous electrocardiograms on these patients to ascertain the appearance of the WPW anomaly. Following the diagnosis of this electrocardiographic peculiarity the known length of survival in 26 patients ranged from 1 to 18 years; three patients were lost in follow-up. Four of the patients are known to have died; two of the patients with

TABLE I

Pt.	Age	Race	Sex	Reason for Admission	Age @ Dx	Known Survival Time After Dx of WPW (Yrs)	Type Tachycardia	Cardiac Disease	Type of WPW	Cause of Death	Post Mortem Findings	Last EKG	Proven Heart Dis. (Cardiac Cath)	Method of Dx of Heart Dis.
CW	64	W	M	Dyspnea	64	0	PAT Parox.At.Fib.	ASHD	--	Pneumonia	ASHD; old myo-card. infarct	WPW	No	Autopsy
MC	48	N	M	Dyspnea	42	6	None	RHD w/MI	B			WPW	Yes	Cardiac Cath
HE	45	W	M	Drug Intoxication	37	8	None	None	--			WPW		
SO	39	W	M	Depression	37	2	PAT	None	--	Suicide	Not done	WPW		
HS	63	W	M	Chest Pain	57	9	None	ASHD	A&B			WPW	No	SGOT elev. Chest pain
RB	35	W	M	Chest Pain	34	1	None	ASHD	B			NSR	No	Chest pain EKG
JY	61	W	M	Prostatism	61	0	None	HCVD	A	Cardiac Tamponade	Dissect. of aorta; Ht. Wt.=650 G.	WPW	No	Autopsy
CB	65	W	M	Chest Pain Palpitations	65	?	PAT	ASHD	B			WPW	No	Chest pain
AL	69	W	M	Back Pain	67	2	PAT	None	A			WPW		
MO	46	W	M	Chest Pain	43	3	None	ASHD	B			WPW	No	Chest pain SGOT elev.
CM	64	W	M	Dyspnea	64	?	PAT	ASHD	B			WPW	No	Chest pain EKG
EB	39	N	M	Chest pain	37	2	None	None	A			WPW		
AH	71	W	M	Dyspnea Chest Pain	68	3	None	RHD w/AS	B			WPW	Yes	Cardiac Cath
HT	41	W	M	Uncontrolled Diabetes	36	5	None	None	B			WPW		
RC	38	W	M	Diarrhea	33	5	PAT Parox.At.Fib.	None	A			WPW		
MN	65	W	M	Palpitation	58	7	PAT	None	B			WPW		
AW	62	W	M	Epigastric Distress	62	?	None	HCVD	B	Perforated Duod.Ulcer	Ht.Wt.=410 G.	WPW	No	Autopsy
RC	47	W	M	Chest Pain	46	1	PAT	ASHD	A			WPW	No	Chest pain SGOT elev.
LK	24	W	M	Traumatic Paraplegia	23	1	None	None	A			WPW		
GM	39	W	M	Hypertension	21	18	PAT	None	A			NSR		
PR	36	W	M	Chest Pain	34	2	None	None	A			WPW		
AM	68	W	M	Chronic Cough	59	9	?	None	B			WPW		
RW	33	W	M	Pulm. Tbc.	32	1	None	None	B			WPW		
CT	29	W	M	Dyspnea Chest Pain	27	2	None	RHD w/AS	B			WPW	Yes	Cardiac Cath
RA	40	N	M	Pneumonia	35	5	None	None	B			WPW		
PF	70	W	M	Dermatitis	69	1	?	None	A			WPW		
AW	29	W	M	Dyspnea	26	3	None	idiopath. subaortic stenosis	A			WPW	No	History Physical Exam
PT	28	W	M	Heart Murmur	13	15	PAT Parox.At.Fib.	Atrial Septal Defect	B			WPW	Yes repaired surgically	Surgery
AK	43	N	F	Heart Murmur	42	1	None	idiopath. subaortic stenosis	--			NSR	Yes	Cardiac Cath

hypertension (JY and AW) had cardiomegaly at post mortem examination, and one of these (JY) died as a result of dissection of the aorta resulting in cardiac tamponade. Another patient (CW) had post mortem findings of an old myocardial infarct. Suicide was the cause of death in another patient (SO).

Only 12 of the 29 patients (41%) gave a history of paroxysmal tachycardia (Table II). All 12 patients had two or more episodes of tachycardia. In 10 of the patients a good history concerning the nature of the tachycardia with electrocardiographic confirmation was available for classification of the arrhythmia. Seven of these patients had paroxysmal atrial tachycardia (PAT), and the other three patients had electrocardiographic evidence for both PAT and paroxysmal atrial fibrillation. Two patients had tachycardias of undetermined origin. In all 12 patients, the paroxysms of tachycardia were either self limiting or could be stopped by the patient with carotid sinus stimulation or voluntary Valsalva maneuver. None of the patients had electrocardiographic criteria for ventricular tachycardia. None of the four deaths is known to have occurred during an episode of tachycardia and only one of the four patients gave a history of paroxysmal tachycardia. Symptoms during episodes of rapid heart action consisted of dyspnea, chest pain, apprehension, palpitations, dizziness, smothering and syncope.

TABLE II

PRESENCE OF PAROXYSMAL TACHYCARDIA

Type	No. Patients
Paroxysmal atrial tachycardia (PAT)	7 (24%)
PAT and paroxysmal atrial fibrillation	3 (10%)
Undetermined	2 (7%)
No history of tachycardia	17 (59%)
Total	29

One or more electrocardiograms were taken on every patient (Table III). The P-R interval ranged between 0.08 and 0.14 second and was 0.12 second or less in all of the patients except one. The QRS duration was between 0.10 and 0.16 second and was 0.14 second or less in all patients except one. The P-J interval (sum of P-R and QRS duration) ranged between 0.18 and 0.26 second, and in no instance was it greater than 0.26 second. A "delta wave" (slurring of the initial portion of the QRS complex) was present in every electrocardiogram showing the WPW anomaly. Fourteen patients had the type B WPW complex (described later), 10 had type A, four were not determined, and one patient had both types A and B approximately seven years apart. Of the 29 patients, seven had recorded electrocardiograms showing spontaneous reversion with electrical conduction through normal pathways; three were normal and four had electrocardiographic evidence for heart disease. Intravenous atropine was given to seven patients in an attempt to change conduction through the normal pathways; two reverted to normal sinus rhythm with a normal electrocardiographic pattern, and one patient's electrocardiogram showed evidence of cardiac disease. Conduction through the normal pathway was accomplished in one patient with oral

TABLE III

ELECTROCARDIOGRAPHIC ANALYSIS IN 29 PATIENTS WITH WPW ANOMALY

Time (Seconds)	0.08	0.09	0.10	0.11	0.12	0.13	0.14	0.15	0.16	0.17	0.18	0.19	0.20	0.21	0.22	0.23	0.24	0.25	0.26	Total
P-R Interval	5	9	10		4		1													29
QRS Duration			3	2	16		7		1											29
P-J Interval											1		5	5	7	3	6	1	1	29

Parameter	No.
Delta Wave	
Present	29
Absent	0
Type A	10
B	14
A&B	1
Not determined	4

quinidine, permitting proper electrocardiographic interpretation.

Fifteen of the 29 patients (52%) had evidence of organic heart disease (Table IV). Arteriosclerotic heart disease was present in seven patients. Five of the seven had clinical evidence of an acute myocardial infarction as manifested by oppressive retrosternal pain, transaminase elevations, and/or spontaneous reversion of the electrocardiogram to normal conduction revealing the underlying disease. One patient (CW) had post mortem confirmation of an old myocardial infarct and the other patient gave a history for classic angina pectoris. Rheumatic heart disease was confirmed at cardiac catheterization in three patients; two had valvular aortic stenosis and one had mitral insufficiency. Hypertensive cardiovascular disease was present in two patients; at autopsy, one (JY) had dissection of the aorta resulting in cardiac tamponade with 400 cc of blood in the pericardial sac and a heart that weighed 650 grams, and the other patient (AW) had a heart that weighed 410 grams following significant diastolic hypertension for several years. Idiopathic hypertrophic subaortic stenosis was present in two of the patients; both were confirmed at cardiac catheterization with the production of a significant systolic LV-aortic gradient with isoproterenol infusion and narrowing of the left ventricular outflow tract by hypertrophied muscle. One patient (PT), a medical intern, had an atrial septal defect repaired four years ago, and at the present time, is asymptomatic without auscultatory evidence of an intracardiac shunt.

TABLE IV

ANALYSIS OF CARDIAC DISEASE IN 15 OF THE 29 PATIENTS

Etiology	No. Patients
Arteriosclerotic heart disease	7
Rheumatic heart disease	
Valvular aortic stenosis	2
Mitral insufficiency	1
Hypertensive cardiovascular disease	2
Idiopathic hypertrophic subaortic stenosis	2
Atrial septal defect (repaired)	1
Total	15

Discussion

This interesting syndrome was first described by Wolff, Parkinson and White.[4] They called attention to the electrocardiographic features of the short P-R interval and broad QRS, occurrence in young healthy individuals with normal hearts, frequency of paroxysmal tachycardia, and to the spontaneous or induced change from the abnormal-to-the-normal electrocardiogram, or the reverse. Many different names have been given to this syndrome: "false bundle branch block,"[4] "accessory bundle syndrome,"[9] "Bundle of Kent syndrome,"[10] "pre-excitation,"[11] "anomalous atrioventricular excitation,"[12] "accelerated A-V conduction,"[13] and "Wolff-Parkinson-White syndrome."[14] Most authors seem to prefer the last eponym since it gives credit to the original authors but does not limit the manifestations of the syndrome to the electrocardiographic features.

Incidence

In reviewing the electrocardiographic files at this hospital over the past 10-year period, 29 tracings with the WPW anomaly were found out of 20,000 new patient electrocardiograms for a total of 1.5 per 1000 patients, or 0.15%. This compares favorably with incidences of this anomaly in other series: Hejtmancik and Herrmann[5] reported 80 patients for an incidence of 0.15% of their electrocardiograms, Hiss and Lamb[15] found 187 out of 122,043 United States Air Force aviation personnel (0.15%), and Smith[16] found 33 out of 34,756 aviators (0.1%). Other authors have reported the WPW anomaly with a lower incidence: Öhnell — 0.06%,[11] and Sears and Manning — 0.03%.[18]

Distribution

Although this syndrome was originally thought to occur primarily in young people,[4] subsequent reports have tended to refute this. Our oldest patient was 71 years old, and the average age of the 29 patients was 47. Thirty-five of Hejtmancik and Herrmann's 80 patients[5] were older than 40, and two-thirds of the patients reported from the Mayo Clinic[6] were over 40. It has been suggested that this electrocardiographic anomaly is found more commonly in older age groups because more electrocardiograms are taken in this group.[19] According to Schiebler[20,21] and Wolff,[22] the anomaly is found just as commonly in children as adults if electrocardiograms are taken.

Our hospital population is primarily male and accounts for 28 of our patients being male. However, other large series have reported a 60%,[5] 54%,[6] 64%,[11] 70%,[19] and 70%[22] preponderance of male patients.

Although one-third of our hospital admissions are Negro, only four of the 29 patients were Negro. This was mentioned in another series[5] in which only six of the 80 patients were Negro, yet one-third of the hospital population was Negro.

Mechanism of the Electrocardiographic Abnormality

The most acceptable theory of an aberrant atrioventricular pathway was presented by Holzmann and Scherf[9] and Wolferth and Wood.[10] This theory presupposes the existence of an accessory pathway, originally demonstrated in animals by Kent,[23] and since referred to as the "Bundle of Kent."[10] Anomalous communications between the atrium and ventricle have been reported. Three communications between the right atrium and right ventricle were found in

the case studied by Wood, Wolferth, and Geckler,[24] a communication between the left atrium and left ventricle was found by Öhnell,[11] and a case in which connections between both right atrium and ventricle and left atrium and ventricle were reported by Kimball and Burch.[8]

The excellent experimental work of Butterworth and Poindexter[25,26] has added further weight to the theory of an accessory pathway. They were able to produce typical electrocardiographic changes with short P-R interval and prolonged QRS complex by means of an electrical amplifier which conducted impulses from the atrium to one ventricle before the impulses were conducted normally to this ventricle via the normal A-V conduction system. Atrial tachycardia could be produced by reversing the electrical stimulus from the ventricle to the atrium.

Sodi-Pallares and Calder[27] have demonstrated two specific irritable points in the right ventricular septum, either one of which they felt might be stimulated by electronic diffusion of supraventricular impulses. Prinzmetal et al.[13] have formulated the theory that this electrocardiographic anomaly results from failure of a part of the atrioventricular node to delay the impulse for a period of time before allowing its passage to the ventricle. On the basis of autopsy evidence, they believe that this physiologic disturbance of some of the fibers of the A-V node may be caused by primary or secondary damage to the node.

The majority of authors seem to favor the theory of anomalous atrioventricular conduction. Consolo,[28] in a critical study of the three main theories concerning the pathogenesis of the WPW anomaly, concluded that the electrocardiographic changes were due to transmission of the atrial impulse through an abnormal pathway and that the theories of "accelerated conduction"[13] and "hyperirritable focus"[27] could be excluded in his study. Recently, experimental studies in animals have shown that electrical stimulation of the posterior hypothalamus[29] and midbrain reticular formation[30,31] have resulted in an aberrant cardiac rhythm which bears a striking similarity to the WPW complex observed in clinical medicine. Frau and associates[32] have attempted to reproduce Kent's experiments without success.

Electrocardiographic features

The electrocardiographic pattern in this syndrome is characterized by a short P-R interval, prolonged QRS complex, slurring of the initial deflection of the QRS complex (delta wave), and ST-T wave changes opposite in direction to the initial ventricular deflection.[4,33] The P-R interval, usually measured from lead II,[19] is less than 0.10 second in 85% of cases,[22] but may be as long as 0.14 second.[5,22] The QRS duration is 0.11 to 0.12 second in approximately 50% of the cases but may be normal[22] or as long as 0.16 second.[6] Slurring of the initial deflection of the QRS complex has been referred to as the "delta wave," "concertina effect,"[11] and "Eiffel tower effect."[34] The P-J interval (sum of the P-R and QRS duration) is almost always less than 0.26 second[5,6,19,22] in WPW complexes, but greater than 0.26 second in bundle branch block.[19]

Rosenbaum et al.[12] and Sodi-Pallares and Calder[27] have divided the WPW complexes into two types, A and B (Figure 1). In type A the QRS complex is primarily positive in V_1 and V_2 as well as V_5 and V_6. Intermediate complexes which cannot be classified do occur.[12] In 80 patients reported by Hejtmancik and Herrmann,[5] 60% were type B and 16% were type A, Willius and Carryer,[6] in 65 cases, reported 40% type B and 6% type A. The remainder of the patients in both series could not be typed. The spontaneous occurrence of both A and type B in a single patient is uncommon[35,36,37] but did occur in one of our patients (HS) in the electrocardiograms taken approximately seven years apart.

The division of the WPW complexes into two separate types has questionable clinical significance at the present time. According to Sodi-

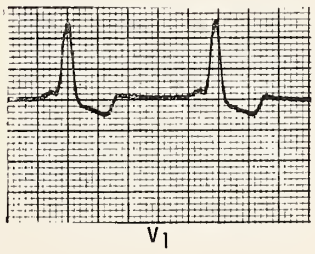
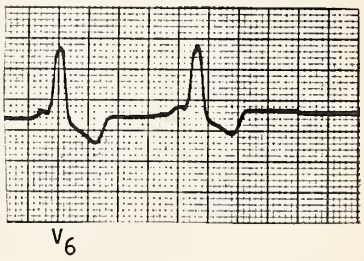
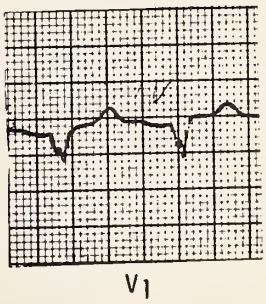
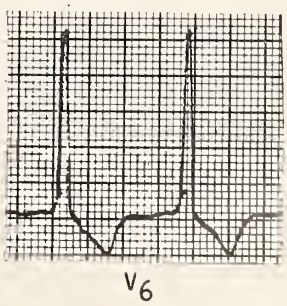


FIGURE 1



Type A. The QRS complex is primarily positive in V_1 and V_2 as well as V_5 and V_6.





Type B. The QRS complex is primarily negative in V_1 and V_2 but positive in V_5 and V_6.

Pallares and Calder,[27] intra-cavitary electrocardiographic recordings show type A complexes when the cardiac catheter is manipulated near the area of the pulmonary valve and type B complexes when the catheter is near the tricuspid valve. Bandiera and Antognetti,[39] by means of analytic roentgenkymography, have demonstrated a "precontraction area" in the right ventricle in the type B complexes. Aberrant ventricular complexes resembling WPW complexes have been produced by right ventricular catheterization of the normal human heart.[40]

It is well known that patients with the WPW syndrome may have spontaneous reversion of the electrocardiogram. This phenomenon was recorded in seven of the 29 patients in this series. The presence of the WPW complex masks various abnormalities of the electrocardiogram. According to Wolff and Richman,[41] the importance of observing normally conducted complexes cannot be overemphasized and, if they do not occur spontaneously, every effort should be made to induce their appearance. Reversion to normal conduction may be effected by carotid sinus stimulation, deep inspiration, quinidine, atropine, and amyl nitrite, separately or in combination.[22] When the aberrant complexes are replaced by conducted beats through normal channels the abnormality may then become apparent. A diagnosis of myocardial infarction solely on the basis of QS deflections in leads II, III, and AVF or ST and T wave changes in the presence of WPW complexes is not warranted.[41] Levine and Burge[42] reported confirmation in a patient with the WPW syndrome with myocardial infarction in which the electrocardiographic signs of infarction were present in normally conducted beats but not in the beats of anomalous conduction. Wolff[22] has stated that the clinician should observe caution in making any additional electrocardiographic diagnosis in the presence of WPW complexes.

Paroxysmal Tachycardia

A history of paroxysmal tachycardia was present in only 12 of the presently reported 29 patients (41%). This is a lower incidence of paroxysmal tachycardia than is reported by other authors: 50%,[12] 56%,[5] 57%,[6] 70%,[11] 70%,[19] 75%,[7] and 75%.[16] The reason for this lower incidence is not entirely clear. It has been stated that it is unlikely for a patient with the WPW syndrome to develop his initial attack of paroxysmal tachycardia after the age of 30.[5,19] Approximately 5% of all episodes of paroxysmal tachycardia are associated with the WPW syndrome.[7,43] All 12 of our patients had more than a single episode of tachycardia. Smith[16] states that the tachycardia of the WPW syndrome has a marked tendency to be recurrent as over 90% of his patients have had more than one attack.

Paroxysmal tachycardia seen in patients with the WPW syndrome is usually supra-ventricular in origin[4,5,6,12,19,22] being paroxysmal atrial tachycardia in most cases but occasionally paroxysmal atrial fibrillation or flutter. These paroxysms may occur from 12 times daily to once or twice a year and may last for minutes to days.[19] Paroxysmal ventricular tachycardia has been reported in association with the WPW syndrome;[14,43] however, Littmann and Tarnower[44] and Langendorf, Lev, and Pick,[45] in reviewing these cases, have indicated that most of these episodes of tachycardia were probably atrial fibrillation with anomalous A-V excitation imitating ventricular paroxysmal tachycardia. Ambrust and Levine,[43] in a study of 107 cases of paroxysmal tachycardia, state that the only method of identifying a true ventricular tachycardia, in the presence of the WPW syndrome, would be to detect atrial complexes coming regularly, independently, and more slowly than the ventricular beats. Herrmann et al.[46] and Yahini et al.[47] state that one should always suspect the possibility of the WPW syndrome with paroxysmal atrial fibrillation if "paroxysmal ventricular tachycardia" occurs in a young and otherwise healthy patient.

Symptoms which usually accompanied paroxysmal tachycardia in our patients and in other series[16,19] were palpitations, faintness, apprehension, chest pain, lassitude, syncope, diaphoresis, nausea, dyspnea and impaired vision. Paroxysmal tachycardia is usually considered to be more common in patients without evidence of heart disease.[6,12,14,19,22,43] Although the paroxysms of tachycardia are considered to be self-limiting and rarely associated with overt congestive heart failure,[19,22] sudden death has been observed during an episode of tachycardia.[5,6,8,43,48]

Association of WPW Syndrome and Heart Disease

In their original paper, Wolff, Parkinson, and White[4] felt that this peculiar electrocardiographic pattern usually occurred in healthy young people with paroxysmal tachycardia. In the ensuing 36 years, reports have suggested a more frequent association with organic heart disease. Only one of the 10 cases (10%) by Rosenbaum et al.[12] had evidence of heart disease. Hunter, Papp, and Parkinson[7] reported three cases of heart disease out of 19 patients (16%), Willius and Carryer[6] reported 19 out of 65 patients (29%), and Hejtmancik and Herrmann[5] reported 32 cases of heart disease out of 80 patients (40%) with the WPW syndrome. Our series includes 15 out of 29 patients with evidence of organic heart disease, giving an incidence of 52%.

Table IV shows that 12 of the 15 patients had acquired forms of heart disease while three patients, two with idiopathic hypertrophic subaortic stenosis and one with an atrial septal defect, had congenital forms of heart disease. All of these forms of cardiac involvement have been previously reported.[5-7,12,41,42,49]

Sodi-Pallares and co-workers[27,38]

first suggested the association of the type B WPW electrocardiogram with Ebstein's anomaly of the tricuspid valve. This was re-emphasized by Schiebler et al.[20,21] who felt that the triad of type B WPW electrocardiogram, cyanotic congenital heart disease, and normal or decreased pulmonary vascular markings on the chest x-ray is "highly suggestive" of Ebstein's malformation. In fact, six of their 23 patients with Ebstein's anomaly[21] had the type B pattern of WPW complex. Twenty-four of the 83 reported cases (29%) of WPW syndrome with associated congenital heart disease, as of 1959,[50] were diagnosed as Ebstein's anomaly of the tricuspid valve. Therefore, it is important to consider this possibility in any case of congenital heart disease with electrocardiographic criteria for the WPW syndrome. The WPW syndrome has been associated with various other types of congenital heart disease including fibroelastosis, transposition of the great vessels, ventricular septal defect, coarctation of the aorta and tricuspid atresia,[5-7,12,20,21,51,52] to mention only a few.

One of our patients, a 28-year-old physician (PT), with a repaired atrial septal defect, claims his mother also has the WPW syndrome and heart disease. Wolff[35] has seen five cases in a single family, occurring in a parent and his children, which suggests that the syndrome may be hereditary and familial. Other reports have suggested a familial occurrence of the WPW syndrome.[11,49,53,54] The problem of congenital versus acquired origin of the WPW syndrome has never been resolved. Wolff[35] states that the occurrence of this syndrome in newborn and premature infants supports the contention that it is congenital; Prinzmetal et al.[13] state that the finding of the WPW electrocardiographic pattern in cases with marked myocardial fibrosis lends support to the theory that the syndrome may be an acquired phenomenon secondary to disease of the myocardium and conduction system.

Prognosis

According to Hunter, Papp, and Parkinson,[7] the prognosis seems to be unaffected by the occurrence of the WPW syndrome in itself, even in a patient with associated heart disease. The fact that two-thirds of the patients of Hejtmancik and Herrmann,[5] Willius and Carryer,[6] and our own series were older than 40 years of age would tend to substantiate this. Although the syndrome may be unassociated with detectable organic heart disease, sudden death may occasionally occur as a result of paroxysmal tachycardia.[5,6,8,43,48] Seven of the 10 patients with the WPW syndrome reported by Manning[17] were considered unfit for pilot training.

Treatment

Treatment of the electrocardiographic anomaly, in itself, is not necessary. In the absence of underlying heart disease or paroxysms of tachycardia, reassurance of the benignity of the electrocardiogram should suffice. Activity need not be restricted in patients with normal hearts, but people with paroxysmal tachycardia should be discouraged from engaging in occupations in which sudden tachycardia might be life-threatening.[16,22]

The most effective therapy for paroxysmal tachycardia, at the present time, is quinidine.[22] Quinidine, by its depressant action, is thought to suppress conduction in the aberrant system and, thereby, allow the impulse to travel down the normal pathway.[55] Digitalis preparations, being vagomimetic, are thought to depress the A-V conduction system more than the anomalous pathway.[33] Atropine, by diminishing vagal control of the A-V conduction system, allows the impulse to take that route in preference to the accessory pathway.[55] Littmann and Tarnower[44] liken the two pathways to competing electrical circuits having different and varying resistances, with the impulse mostly or wholly traversing the one of least impedance. Therefore, when a patient with the WPW syndrome has paroxysmal atrial fibrillation, digitalis alone may cause a dangerous increase in the ventricular rate because it facilitates conduction through the anomalous pathway. In these cases, both quinidine and digitalis are usually required to control the ventricular rate.[33]

Harris et al.[56] were recently able to abolish paroxysmal tachycardia in a patient with the WPW syndrome by the administration of guanethidine. The blocking of sympathetic activity, with resultant predominance of vagal influence on the conduction pathways of the A-V node and the anomalous bundle, was offered as the explanation for the control of this arrhythmia. Propranolol, a beta-adrenergic blocking agent, has been shown to be of major pharmacodynamic value for controlling certain cardiac arrhythmias in the WPW syndrome.[57,58,59] External electric countershock has also been used to terminate paroxysmal supraventricular tachycardia complicating the WPW syndrome.[60-62] Surgical interruption of the Bundle of Kent[63] and surgical ligature of the A-V bundle[64] appear promising.

Summary

Twenty-nine patients with electrocardiographic patterns of the WPW anomaly have been reviewed in detail. Fifteen of the 29 patients (52%) had evidence for organic heart disease. Twelve of the 29 patients (41%) had episodes of paroxysmal tachycardia, all supraventricular in origin. It is suggested that the finding of the WPW syndrome should obligate the clinician to rule in or out the presence of organic heart disease.

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Replacement of incompetent valves may be lifesaving during the course of active endocarditis.

Aortic Valve Replacement During Treatment for Active Bacterial Endocarditis

HARRY SIDERYS, M.D.
JOHN N. PITTMAN, M.D.
JACK H. HALL, M.D.
JAMES TOPOLGUS, M.D.
Indianapolis*

ALTHOUGH the advent of antibiotics brought a decrease in mortality in patients with bacterial endocarditis, a significant number die of cardiac failure secondary to valvular damage.

A recent study[1] of patients who died of endocarditis revealed that almost 50% of the patients had valve perforations. In the majority of patients, the aortic valve was involved.

A few reports have described successful aortic valve replacements in patients acutely ill with bacterial endocarditis complicated by aortic valve incompetence.[2,3] Encouraged by these reports, we recently operated upon a young patient who was gravely ill with massive aortic regurgitation resulting from bacterial endocarditis.

Case Report

A 29-year-old white female was referred to the hospital in February because of "persistent pleurisy." The initial history revealed weakness, malaise and intermittent fever (up to 105°F.) for approximately two months. Her "pleurisy" had been of varying location and was accompanied by an intermittent cough with occasional production of thick greenish sputum. Further questioning revealed that for the previous month she had had severe dyspnea on exertion, "three-to-four-pillow" orthopnea, and nocturia two to three times per night. In the week prior to admission, anorexia and right upper quadrant soreness had been present.

On admission, she appeared acutely ill with dyspnea and extreme weakness. Her temperature was 103°F., respirations were 36, pulse 140, and her blood pressure was 140/0 mm Hg in both arms.

Physical examination revealed equal carotid pulsations, bounding and without bruits. Examination of the chest revealed symmetric hemithoraces, slightly limited excursion, normal percussion and fremitus, tubular breath sounds on the right posteriorly and bilateral basiler rales. Cardiac examination revealed a visible hyperdynamic PMI, palpable 12 cm from the mid-sternal line in the left fifth interspace. A left ventricular heave, but no thrill was present. Auscultation revealed a coarse, grade III/VI "to-and-fro" murmur heard throughout the precordium, loudest along the left sternal border. The heart sounds could not be evaluated accurately because of the murmur and tachycardia. On peripheral vascular examination, Corrigan's pulse, Quicke's, Traubes' pistol shot and DeMausset's signs were present. The liver was tender and palpable 11 cm below the right costal margin. There was 1+ pre-sacral edema.

The admitting impression was severe congestive heart failure—etiology unknown; probably bacterial endocarditis. Cultures were obtained and treatment begun with nasal oxygen, morphine, digoxin, aminophyllin, ethacrynic acid, hydrochlorthiazide, KCl syrup, fluid restriction, and ampicillin 500 mgm every six hours intravenously.

Initial laboratory tests revealed a hemoglobin of 9.3 hematocrit 30% and white blood count 17,300 with 93% polys, lactic dehydrogenase 210, serum free hemoglobin 3.8 mgm%; total protein 6.1; albumin 2.3; arterial gases: pH 7.52, pCO_2 34, pO_2 42, O_2 saturation 83% (while on nasal oxygen) and a BUN of 7.

Chest x-ray confirmed severe cardiomegaly, pulmonary edema and possible superimposed pneumonitis. Blood cultures produced a growth of Viridans and non-hemolytic streptococci in six out of six culture media. The ampicillin was changed to 20 million units of aqueous penicillin G intravenously daily.

Four days after admission, the patient revealed that, thinking she was

* From the Department of Cardiovascular Surgery and Medicine, Methodist Hospital Graduate Medical Center, 1604 N. Capitol Ave., Indianapolis 46202.

FIGURE 1

FIGURE 2

OPERATIVE photograph and schematic drawing demonstrating perforations in each of three aortic cusps.

pregnant in early December, she had tried to abort herself by taking several birth control pills. In late December she stated that a spontaneous abortion occurred, and she was seen by another physician who removed the placental tissue and prescribed oral antibiotics. Examination on the fifth hospital day revealed a normal pelvis without obvious evidence of acute or chronic infection.

Six days after admission, Osler's nodes appeared on the index and fifth fingertips of the right hand. On the ninth day, her urine was loaded with white and red blood cells. On the tenth day, the spleen was palpable for the first time. By the twelfth day the heart murmur, which had been changing, seemed to have stabilized to one of definite aortic insufficiency. Cardiac output studies at that time revealed an output of only 850 ml./min.

After two weeks of intensive medical management, the patient remained in severe congestive failure and continued to spike fevers to 101°F. every two or three days. Repeat blood cultures and serial dilution studies were negative. Progressive therapy included: oxygen by mask, intermittent positive pressure breathing, ethacrynic acid and/or spironolactone, digoxin, glucagon, morphine and phenobarbital and/or thorazine. Surgical correction of the incompetent aortic valve was considered and intensive efforts were made to produce an afebrile period for at least two weeks so that surgery could be performed.

One month after admission, streptomycin was added empirically to her treatment because the febrile episodes continued to occur. Pneumonia still could not be ruled out radiographically, and sodium cephalothin therapy was also started. Pre-renal azotemia developed with a creatinine of 3.7 and a BUN of 117. The urine output fell alarmingly. Hemodialysis was performed twice with 10.5 pounds of water being removed, and the BUN dropped to 28.

Two days later, the patient was taken to surgery. Surgical findings revealed that there were perforations of each of the three aortic cusps (Figures 1, 2 and 3). In addition, the left aortic cusp was the site of many vegetations which hung into the left ventricle. Small vegetations were also present on the aortic annulus and septal leaflet of the mitral valve. Resection of the aortic valve and vegetations with implantation of a #8 Starr-Edwards valve was performed.

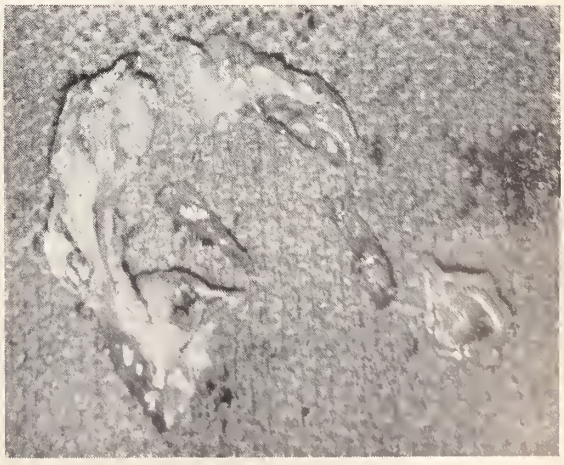
On the first postoperative day her vital signs were normal, the chest was clear, and she was awake and responding. Intravenous Keflin was continued and intramuscular Lincocin added. On the fifth postoperative day, mild peripheral edema occurred and diuretics were started. Later a decubitus ulcer was noted and became progressively worse in spite of the Keflin, Furacin ointment, sitz baths and heat lamp therapy. One month later a graft to the decubitus was performed.

She has been followed for one year after her operation and has continued to do well without evidence of sepsis or failure.

Discussion

The current mortality of infective endocarditis treated medically is approximately 30%. Uncontrollable heart failure is the principal cause of death.[4,5,6,7] Less common causes include overwhelming toxemia and complications of purulent emboli.

FIGURE 3



OPERATIVE specimen demonstrating perforated cusps and vegetations.

Cardiac decompensation is the result of rapid destruction of valve tissue or supporting structures. The sudden massive valvular insufficiency is poorly tolerated. The aortic valve is more commonly involved than the mitral and apparently acute aortic insufficiency is less well tolerated than sudden mitral insufficiency.

It would appear that if a patient with active endocarditis develops aortic or mitral insufficiency that does not respond to vigorous medical therapy, valve replacement should be considered.

Summary

Infrequently, patients with acute bacterial endocarditis have such severe damage to valvular tissue that profound cardiac failure develops while the patient is still under therapy for the bacterial endocarditis. If the cardiac failure is life threatening, valve replacement should be considered even though the patient is being actively treated for bacterial endocarditis. We have treated one such patient with aortic valve replacement and she has remained well for more than one year.

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Hematomas due to angiography should be avoided whenever possible. Arterial catheterization should not be performed at a site in which surgery is anticipated.

Angiographic Hematomas Complicating Surgery

JOHN R. OLSON, JR., M.D.
ROSCOE E. MILLER, M.D.
ISIDORE MANDELBAUM, M.D.
*Indianapolis**

A NUMBER of articles have appeared in the radiological and surgical literature defining and tabulating the complications of the Seldinger method for percutaneous angiography.[1,3,6,7] Hematomas that appear during or following such a procedure are common,[3,6,7] but are usually considered minor and of little consequence. Exceptions to the minor classifications are the infrequent instances of massive extravasation resulting in false aneurysm formation or occlusion.[1,6] Authors of some series have identified a relationship between hematoma formation and the development of transient low-grade fever.[6,11] Reports of true infection at the puncture site are, however, rare and generally not classified as major complications.[6]

This case report illustrates the importance of hematomas following arteriography and their role as a factor in poor surgical wound healing.

Mrs. M. was a 60-year-old white female who had symptoms of claudication in her right lower extremity for 2 months. Physical examination was within normal limits except for absent right popliteal, dorsalis pedis, and posterior tibial arterial pulse. The patient was normotensive. She was referred to the radiology department for angiographic investigation. The right femoral artery was catheterized employing the Seldinger technique.

A successful examination was obtained that demonstrated an occluded segment originating near the origin of the right superficial femoral artery with reconstitution 10 inches distally. No complications occurred during or following the procedure. The right femoral pulse was 2^+ at the completion of the examination. No hematomas were observed during the immediate post-angiographic observation period, but a large area of ecchymosis in the right groin developed during the next 2 days.

On the second day following this study, the patient was operated upon. The skin and subcutaneous tissue were suffused with hematoma. Because the saphenous vein was diminutive, it was not possible to use it for a bypass graft. Instead, a dacron vascular prosthesis was interpolated between the proximal and distal portions of the superficial femoral artery.

Postoperatively, distal pulses were excellent. However, the femoral incision showed evidence of poor wound healing. The skin and subcutaneous tissue margins separated and were necrotic. The plastic graft became exposed. E. coli and S. aureus were cultured from the wound. Debridement was then carried out, and appropriate local antibiotic solutions were used for continuous irrigation. However, secondary healing occurred only to the margins of the plastic graft. This graft was then excised, and a new one placed through the obturator foramen between the right external iliac and distal superficial femoral arteries. The patient had a smooth recovery, and the original femoral wound healed completely by secondary intention. Excellent dorsalis pedis and posterior tibial arterial pulses were present at the time of hospital discharge.

Discussion

This case illustrates a sequence of events which, to the best of our knowledge, has not been reported previously. A preoperative hematoma resulted from a percutaneous angiogram and was an important factor in poor postoperative wound healing. Secondary infection occurred in this incision and necessitated removal of an exposed dacron graft. Since primary wound healing took place in an incision which had been carried out simultaneously in the distal thigh, it is likely that the hematoma in the groin was an important etiologic factor in the wound complications.

* From the Departments of Radiology and Surgery, Indiana University Medical Center, Indianapolis 46202.

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The relative ischemia which had been produced by the hematoma almost surely acted as a nidus for secondary infection.

The presence of postoperative hematomas may also contribute to the development of subsequent wound infections.[2,4,12] Such hematomas are felt generally to result from local extravasation of blood at the time of surgery.[2] In Hoffert's series 9 of 12 wound infections in an incision containing a vascular graft were related to the postoperative hematomas.[9] Hoffert states that "extravasation of blood leads to hematoma formation which acts as an excellent culture medium and may become secondarily infected."

The serious consequences of wound infection in the region of synthetic vascular prostheses have been well documented. Mortality rates as high as 75% have been reported.[8] Amputations for gangrene have been required in as many as 75% of these patients.[9] Septicemia, subacute bacterial endocarditis, mycotic aneurysms, intraperitoneal abscess, and hemorrhage with exsanguination may occur.[5,10]

The radiologist is urged, therefore, to consider the gravity of potential complications which may result from even small hematomas following angiography. The formation of hematomas must be prevented by careful pressure upon the arterial puncture site immediately upon withdrawal of the needle or catheter. This is especially important in the case of a hypertensive patient. Additionally, the performance of an arterial puncture at the site of anticipated surgery should be avoided. Another vessel should be selected for catheter entry.[13] Since small hematomas may be potentially dangerous, both the radiologist and surgeon should be aware of their presence and importance.

Summary

Hematomas at the site of an arterial puncture for angiography may interfere with the vascularity of tissues that they suffuse and serve as a good culture medium. If surgery is performed in this area, subsequent infection may result in serious complications. A patient illustrating wound necrosis and secondary infection after arteriography with hematoma formation is presented. Management of this complication is discussed, and the ultimate surgical result was a good one. The angiographer should take measures to avoid hematoma formation at the site of arterial puncture. Arterial catheterization should not be performed at a site in which surgery is anticipated.

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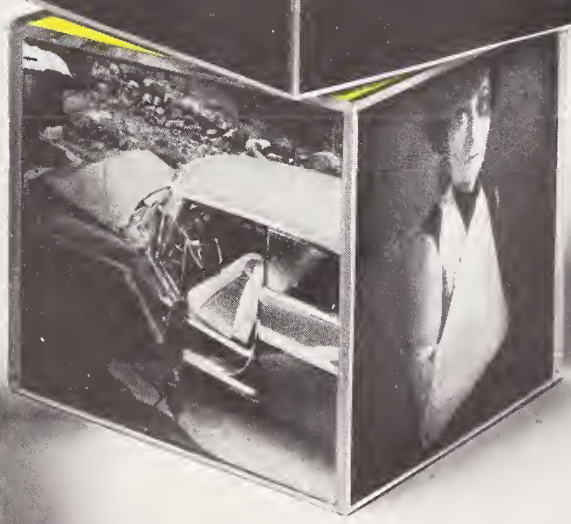

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Pediatric Open Heart Surgery

*HAROLD KING, M.D.**
Indianapolis

Introduction

THE first open heart operations for the correction of congenital heart disease were performed about 15 years ago. Since then, this field has developed at an amazingly rapid rate. Some of the pioneer efforts were spectacular successes; others were not. For a number of years, certain procedures were associated with a high mortality. A physician not actively working in this field might find it difficult to be aware of the present day results and risks. Because of these considerations, a consecutive group of children treated at the Riley Hospital in the years 1967, 1968 and 1969 is being reported.

Results

Two hundred and two patients were operated upon. The operations were either performed or supervised by the author.

Infants, Birth to One Year

Twelve were treated between birth and the age of one year. Because of the known hazards of open heart surgery in this age group, only infants who were terminally ill were operated upon. Eight died. One was found to have atresia of the mitral valve which was not correctible. Two somewhat experimental attempts were made to repair truncus arteriosis abnormalities. Up to the present, a successful repair of truncus arteriosis in this age group has not been reported. The other five deaths followed repairs of transposition of the great vessels and total anomalous venous return.

Four survived and did well. One was an unusual combination of defects consisting of a large atrial septal defect and obstruction of the mitral valve by an overlying diaphragm. One with total anomalous venous return to the portal vein is one of the few survivals anywhere with this abnormality. Two patients who improved dramatically had large aortico pulmonary fistulas. Here again, only a few patients have been successfully treated in infancy.

Children, Ages One to Sixteen

One hundred and ninety children from one through 16 years were operated upon. The results are tabulated in Table I. Nearly all of the survivors were either cured or greatly improved. The overall operative risk was low. Five deaths occurred in the hospital, a mortality rate of 2.6%. Four followed complete repair of tetralogy of Fallot in 66 patients, a mortality rate of 6%. Only one patient succumbed in the remaining 124, a mortality rate of 0.8%. This death followed repair of a ventricular septal defect, removal of a pulmonary artery band, and pulmonary arterioplasty. The operation was done early in 1967 before good methods of respiratory support and patient monitoring were developed. The next 10 patients with the same diagnosis all survived.

Discussion

Open heart surgery in infants between birth and one year of age is hazardous. Diagnosis of the heart malformation is more likely to be inaccurate or incomplete than in older children. Maintenance of a satisfactory perfusion with the pump oxygenator is sometimes difficult. Treatment of inadequate respiratory function after operation has many problems. Monitoring of body functions such as systemic blood pressure and blood gases (pO_2, pCO_2 and pH) is often inadequate because of small arteries and blood volume. Lastly, open heart operations are not recommended in this age group unless it is evident that the patient will not survive. Thus, those that are treated are a selected group who are terminally ill. In contrast, treatment of children from ages one through 16 is associated with a low hospital mortality. Our results indicate that treatment of such common malformations as atrial septal defect and pulmonary stenosis has a hospital mortality that approaches zero.

The results of complete repair of tetralogy of Fallot improved greatly in the last few years. One center re-

* From the Department of Surgery, Indiana University Medical Center, Indianapolis 46202.

cently reported 62 patients with but one death, a mortality rate of 1.6%. This was down from 16% in an earlier group.[1] On the other hand, another recent paper stated that operative repair of tetralogy of Fallot still carries a considerable mortality.[2] Some of their deaths followed excellent intracardiac repair and were thought due to a combination of resultant pulmonary valvular insufficiency and suddenly increased pulsatile blood flow into an unprepared pulmonary vascular bed that was accustomed to non-pulsatile low flows. In another recent discussion of the problem, reasons were given to believe that a fair figure for operative risk at the present time is about 8%.[3] It should be emphasized that the diagnosis of tetralogy of Fallot includes a broad spectrum of patients. Some can be restored to a nearly normal cardiac function. In others, the deformity of the heart is so great that the patient, by necessity, is left with one or more residual abnormalities. It would, therefore, seem likely that those with the most abnormal hearts will always have a greater operative risk than many other types of correctible congenital heart disease.

OPEN HEART SURGERY 1967, 1968 and 1969 — AGES 1 - 16

Diagnosis	Operation	No. of Patients	Deaths
Tetralogy of Fallot	Complete Repair of Tetralogy	66	4
Atrial Septal Defect, secundum	Closure of septal defect	48	0
Atrial Septal Defect, secundum, with partial anomalous pulmonary venous return	Closure of septal defect and diversion of flow from anomalous veins into left atrium	5	0
Atrial Septal Defect, primum	Closure of cleft mitral valve leaflet and septal defect	11	0
Pulmonary Valvular Stenosis	Pulmonary valvulotomy	15	0
Stenosis of pulmonary valve, annulus and artery	Pulmonary valvulotomy, infundibulectomy of right ventricle and insertion of outflow patch	1	0
Ventricular Septal Defect	Closure of septal defect	10	0
Ventricular Septal Defect and pulmonary artery constriction due to previous operative pulmonary artery banding	Closure of septal defect, removal of pulmonary band and pulmonary arterioplasty	11	1
Absent ventricular septum	Replacement of septum with dacron patch	1	0
Subaortic Stenosis	Excision of subaortic band	8	0
Supravalvular Aortic Stenosis	Aortoplasty and insertion of patch graft	3	0
Mitral Stenosis	Mitral valvulotomy	3	0
Mitral insufficiency	Prosthetic replacement of mitral valve	4	0
Total Anomalous Pulmonary Venous return	Anastomosis of anomalous vein to left atrium	1	0
Entrance of right pulmonary vein into inferior vena cava (Scimitar Syndrome)	Reposition of pulmonary vein	1	0
Common mitral and tricuspid valves and pulmonary stenosis	Exploratory cardiotomy	1	0
Transposition of Great Vessels	Insertion of Pericardial baffle (Mustard Procedure)	1	0
Totals		190	5 (2.6%)

Summary

Two hundred and two infants and children who had open heart operations are reported. Because of numerous technical difficulties related to the small body size of the infant, the operative risk was high in the age group from birth to one year. The mortality rate was low (2.6%) in the group from one through 16. Nearly all the survivors were either improved or cured.

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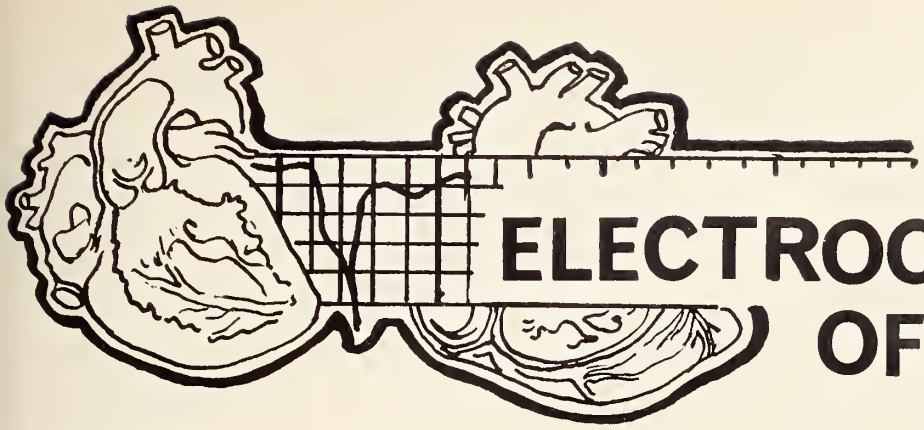
Since submission of this article, 81 patients between the ages of one and 16 years had open heart surgery performed in 1970. Addition of the patients operated upon during 1970 brings the total number of patients to 271. The overall operative mortality of this larger group was 2.7%. There were 83 complete repair of tetralogy of Fallot with a mortality of 6%; 93 of atrial septal defects of all type were all closed without a death. In summary, the overall results within this age group have essentially remained the same. ◄

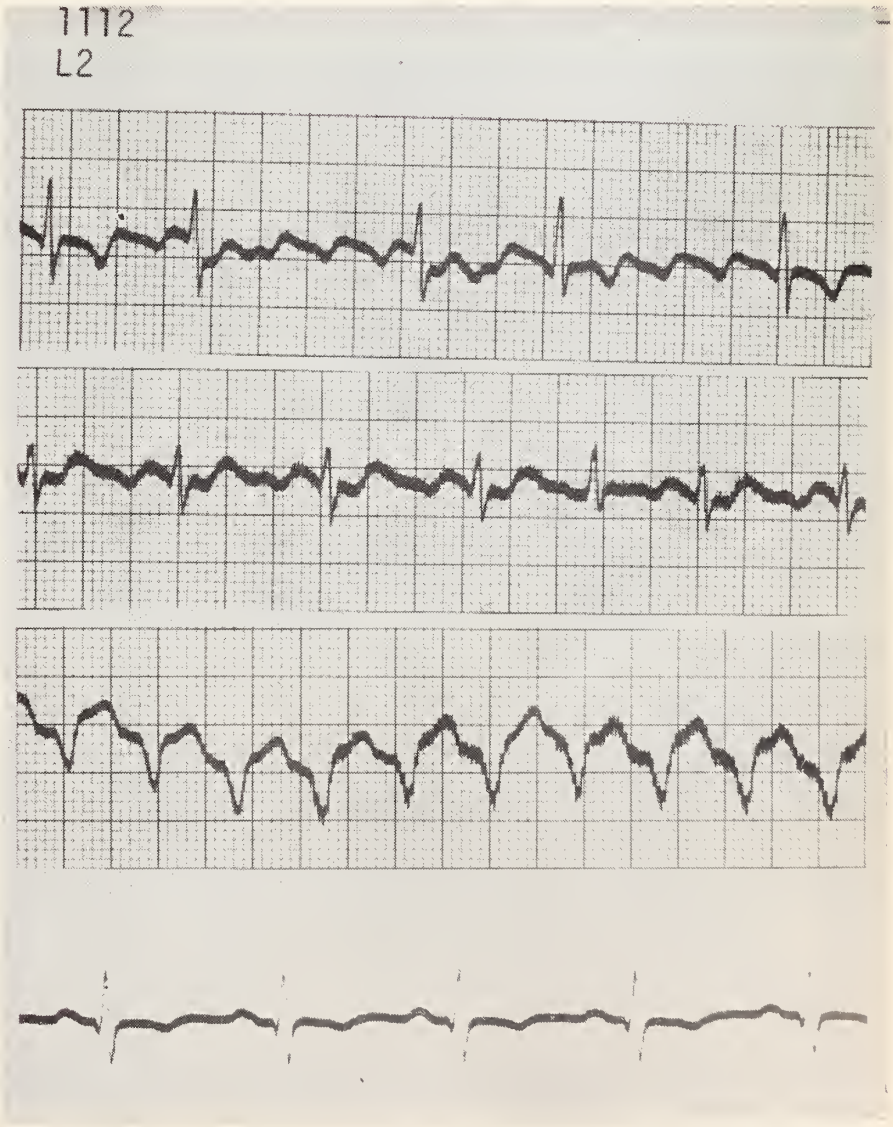


ELECTROCARDIOGRAM OF THE MONTH

Quinidine and A-V Conduction

CHARLES FISCH, M.D.
*Indianapolis**

PATIENTS with atrial flutter whose atrial flutter is being converted to sinus rhythm should be properly digitalized. More specifically the A-V conduction should be depressed with digitalis before quinidine is administered because the drug may accelerate the ventricular rate to inappropriate levels. The reasons for this phenomenon are threefold: (1) Quinidine is an atropine-like drug and thus tends to block vagal action at A-V junction, (2) Atrial flutter will frequently pass through the stage of atrial fibrillation and this coupled with the antivagal action of the drug enhances the ventricular rate; and, finally, (3) Quinidine by slowing the atrial rate may change the atrio-ventricular ratio in such a way as to markedly accelerate the



* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

ventricular rate. The latter phenomenon is clearly demonstrated in the accompanying figure.

The top row represents an atrial flutter with rate of 300 and a varying 3:1 and 4:1 A-V block with the ventricular rate varying from 75 to 100. In the second strip, taken after the quinidine was started the flutter rate is 200, the A-V ratio 2:1 and the ventricular rate is 100. With further depression of the flutter rate to 170, A-V conduction is 1:1 with a resultant ventricular rate of 170. Patients with severe heart disease may not be able to tolerate such rapid rates and hemodynamic deterioration may ensue. This can be prevented by depressing A-V conduction with digitalis so that at slow atrial flutter rates the 1:1 response is prevented. The bottom strip demonstrates conversion to sinus rhythm. ◄

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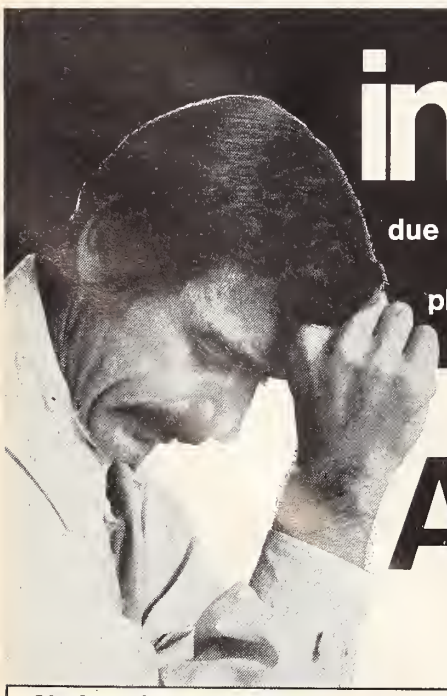

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Prescription Integrity Endangered

ALL states have laws or regulations which now prohibit substitution of a drug designated on a physician's prescription for another drug without the knowledge of the prescriber.

Recently the American Pharmaceutical Association adopted a stand in favor of repealing the state antisubstitution laws. The Indiana Pharmaceutical Association has defeated a resolution which was offered in support of antisubstitution laws and, instead, passed a resolution which called for a study of such laws.

The exact reasons which prompted such a stand on the part of the national association are difficult to understand. Coming at a time when governmental medical programs are seeking a drug formulary with fixed prices, the proposed legal change might be for the purpose of allowing the pharmacist to dispense the cheapest form available, although, with the laws repealed, there would be no control to prevent the pharmacist from dispensing the most expensive form, regardless of efficacy, or of dispensing the form which was most profitable and possibly most expensive.

To advocate such antisubstitution repeal for the purpose of acquiring the expertise of the pharmacist and obtaining his advice in the prescribing of drugs is not necessary since, under present law, the pharmacist is allowed and even mandated by ethics to counsel the physician if the prescription may be improved upon.

The suggestion that repeal of the laws would enhance the professional status of the pharmacist is also without merit. The pharmacist has always served as the chief counselor of the physician on the subject of pharmaceutical preparations. This is one of the most honored professional relationships. It does not need enhancement. To suggest that the pharmacist should alter the physician's request without direct discussion is to demean the proper professional standing of pharmacy.

The Pharmaceutical Manufacturers Association has taken a strong stand in opposition to repeal of the state laws. PMA's assistant general counsel, William D. Patton, speaking before the Texas Pharmaceutical Association, said: "We believe that there are two essential ingredients necessary for the proper choice of a drug for a patient: (1) knowledge of the patient, and (2) knowledge of the drug. The physician possesses both of these ingredients. The pharmacist possesses only one of them."

Mr. Patton also said: "PMA believes that such substitution would be detrimental both to the public health and to the profession of pharmacy itself. It would fly directly in the face of the most recent scientific evidence indicating the therapeutic non-equivalency of so-called 'generically equivalent' drug products."

The impression is that only a small segment of the pharmacy profession seeks repeal of the antisubstitution laws. All doctors should talk to their pharmacist friends and urge them to uphold the integrity of the law and regulations. The antisubstitution laws provide protection for the physician. the pharmacist and the patient.

Guest Editorials

The Medical School Student - 1970

HIS hair is two to six inches longer than his predecessor of twenty years ago. Either his chin or his upper lip is covered with a luxuriant growth of foliage. He may sport an Indian headband. His clothes are a varied and colorful combination of English Edwardian, Gypsy, and American hobo. He talks loosely of relevancy, meaning and fulfillment.

He is more serious and concerned about learning the science of medicine, but less concerned about the art.

He disdains peripheral nerves, performing urinalyses, and esoteric research (although he is quick to utilize the results of such research). He is knowledgeable about mitochondria, alleles, and DNA, but less so about the blood supply of the stomach.

He is properly awed by his first contact with a patient, and shows proper humility in recognizing the difficulties in applying his scientific background to the specific problem of the patient. He is sincerely concerned about the care of his patients, much as his predecessors, and similarly works long and hard for their welfare.

He refuses to accept the statements of his instructors as uncontestable facts. He fails to understand why he is saddled with inferior teachers, chosen on the basis of their research ability only. He is quite vocal in making his feelings about the quality of his education known.

He is concerned about the social problems of medicine. He sees medical care as a right, not a privilege. He volunteers his services to neighborhood health clinics in poverty areas. He foresees radical changes in the delivery of health care in this country.

The medical student of 1970—not very different from his predecessors of twenty years ago (remember?) but perhaps more colorful.—**George L. Tucker, M.D. Reprinted from St. Louis Medicine, Dec. 9, 1970.**

How To Schedule Free Time

ONE of our colleagues, finding himself desperately scheduled with a committee, journal club, or community service meeting every evening of one week, decided upon a new method of allocating his time. He used his horoscope in the evening paper.

Monday night he was advised, "Fulfill your obligations to the best of your ability," and attended his meeting.

Tuesday's advice was, "Your first duty is to your family," and he stayed home.

Wednesday night the oracle said, "Romance is in the offing," and his wife made him stay home.

On Thursday, "Excitement is on the horizon," sent him cheerfully off to a hospital departmental meeting before his wife could read the paper.

Friday's column told him, "Consider the alternatives carefully." It was his wife's turn to entertain her bridge club, and he had little problem in preferring to go to the Library Committee of the PTA.

He now swears by the system.—**Delaware Medical Journal.**

Indiana Medical History

The Medical School at LaPorte

RODNEY A. MANNION, M.D.

AMERICAN medical men of the 19th century were frequently not hampered by negative precedents. Thus it was that Ephraim McDowell would remove an ovarian tumor in 1809 with an angry group of people in front of his dispensary door. An early Caesarean section was done in Newton, Ohio (1827), and a cholecystotomy in Indianapolis (1868). As mentioned in the book *The Doctors Mayo*, ". . . (pioneer life tended) to free them from accepted notions of what could not be done, particularly in surgery." This reaching out was prevalent in medical education in Indiana at that time also.

It was customary for doctors to take postgraduate study in Europe but the basic schooling remained the preceptor system until the end of the 1800s. This was augmented by didactic lectures.

A medical school was organized in one Indiana town just eight years after the charter for the town was granted. This was in northern Indiana, at LaPorte. A group of interested townsmen, including Judge H. B. Niles, met in the Methodist Church sometime in 1841 to organize the LaPorte University. Medical lectures commenced in 1842 and there were 60 students in 1845. The previous grandiose name was reduced to Indiana Medical College in 1845.

Judge Niles taught chemistry but is perhaps chiefly remembered by Indiana physicians today as the namesake of Doctors William Niles Wishard, Sr. and Jr., of Indianapolis. The school in LaPorte was extant until 1851 when internal dissension among the faculty forced it to combine with the so-called Indiana Central Medical Department of Asbury University—later DePauw University at Greencastle.

Considering the abominable transportation facilities of over a century ago, it is a fact that our professional forebears did an impressive amount of traveling to get to and from the Indiana Medical College. The faculty came from New York, Illinois and Iowa, in addition to Indiana. The term lasted from November through February and these good men came by stagecoach and horseback and boarded in LaPorte for four months. Then in the Spring they went back home to resume their practice. It would seem that education was a priority in 19th Century Mid-America. Financial gain was not a factor as the full course with matriculation and dissecting room fees was $70 a term for each student.

At least two graduates are perhaps remembered today. The father of William and Charles Mayo graduated February 14, 1850. Dr. E. Deming, his preceptor, was from Lafayette and was also a LaPorte professor. Mayo went west, settled in Rochester, Minn. and the rest, as we know, is history.

The other renowned graduate is Dr. William Henry Wishard, grandfather of William Niles Wishard, Jr., who was Secretary of the American Board of Urology in our time. William Henry wrote home to his young

wife on January 4, 1849: ". . . Six feet and a half of snow has fallen since I came to LaPorte, more than I have ever seen in one winter. . . ." A sidelight on medical history contradicts the facile modern theory that air pollution over Gary causes the large precipitation that favors LaPorte today.

Professor Daniel Meeker enjoyed a large reputation and his operations with the patient under the new agent, chloroform, were witnessed by reporters who wrote of them in purple prose in the LaPorte *Argus*. He is forgotten today along with his colleagues but his was a distinguished career.

The institutions which pioneer doctors created stir the imagination. Here, in a small county seat off the Fort Wayne-Fort Dearborn road, was patched together an honest school of medicine which matched the curriculum and general level of learning elsewhere. This was originated by local men and only a few years after the town itself was organized. These were, in truth, doers of the word. That the father of the Brothers Mayo was a product of this school, is indeed unique and a tribute to the success of their efforts.

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Personalized Psychiatric Training in Indiana

TONER M. OVERLEY, M.D.*
Indianapolis

MEDICAL educators sometimes think of the family doctor as a man whose time and energy cannot keep up with the demands of his patients. We know that such men are in short supply and that while other workers enjoy a shorter work week, the family doctor does not. We must be sympathetic with his need for free time. In fact, his own health and welfare may be at stake if he does not have some time off.

As the amount of medical information grows, the part of it that can be taught in medical school diminishes proportionately. Continuing education after graduation becomes necessary. Then we must compete for a piece of the doctor's free time no matter how we regret it. There will always be more than the physician can master in a lifetime. How shall he choose which courses to take?

Ideally, he will be aware of his own deficiencies and seek to compensate for them by additional study. Thus, the educator need only supply courses and the physician-student will enroll in the ones he needs. In practice, the situation is different. Lewis and Hassanein[1] found that, in a 10-year period, 57% of the physicians in Kansas took some kind of postgraduate course. In Indiana over a 10-year period, 885 physicians (about 18%) have taken one or more of the graduate psychiatric courses offered by the IU School of Medicine.

The need for further psychiatric training has been documented by several authors[2,3,4,5] but recruitment for postgraduate courses in psychiatry has been difficult.[6] Miller[7] believes that the courses being offered are old-fashioned. He suggests that participants should be involved in selecting the learning experience most likely to meet his needs. Schwab[8] calls for "flexibly arranged consultations and discussions that focus on the problems of the doctor and the patient."

Individualized psychiatric training has been offered to the practicing physicians of Indiana since 1964. This program, called "Supervised Psychotherapy" offered eight, one-hour sessions with a psychiatric supervisor on our faculty. The physician was given total freedom in choice of topics for discussion. The low enrollment fee of $50 for the eight sessions was made possible by a grant from the NIMH which will no longer be available after 1971.

All supervisors and trainees responded enthusiastically. The reasons for entering this training varied and included the following: "felt inadequate to deal with emotional problems of my patients," "absence of psychiatric facilities locally and wished to provide this service myself," "certain obstacles encountered in GP psychotherapy," "unsure of my techniques," "unsure of my decisions (e.g., when to treat and when to refer)," "problems with certain kinds of patients," etc. While trainees felt their needs had been met, several spoke of additional benefits including increased confidence in their own ability, practical tips on patient management, understanding of self and effect of own personality on patients, increased number and type of psychiatric problems he was willing to tackle.

There will never be enough psychiatrists to treat every emotional

* From the Department of Psychiatry, Indiana University School of Medicine, Indianapolis 46202.

problem. Many patients with emotional problems don't need (or want) to be treated by a psychiatrist. The family doctor already knows the patient and has his confidence so that it requires little additional time to deal with emotions along with other medical problems. The patient is grateful for this. The physician is pleased and the relationship is enhanced. Our course has encouraged this. One physician took a second series of eight sessions and has continued to seek intermittent psychiatric training while continuing to operate a busy, general practice. Another physician arranged to see his supervisor on an "as needed" basis after the formal course was completed. Those patients he cannot handle himself, he now refers to his supervisor. I submit that his patients are getting the best psychiatric care because he is treating the ones he can and referring the ones he can't treat. The patients enjoy continuity because the supervisor already knows the background.

In the most recent A.M.A. listing of postgraduate courses in psychiatry, there is no course similar to this one. The one-to-one ratio of teacher to student is satisfying but costly. If the physician were to set up tutorial sessions, he might expect to pay 30 dollars per session for his instruction. This is a high price compared to most postgraduate fees; however, our experience might indicate that it is worth exploring. One-and-a-half percent of the physicians taking psychiatry courses have taken this course. We could not foresee the termination of federal support. When this is no longer available, our department will be able to act as liaison between the interested physician and psychiatric preceptors but cannot continue to defray the expense. It is to be hoped that this approach will not be lost to the Indiana physician.

Summary

Indiana physicians who have taken personalized training in psychiatry have all been enthusiastic. An attempt is made here to describe the experience with this unique course and to warn of the change following termination of government support.

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Editorial Notes...

The newly formed "Committee on the Care of the Diabetic" met in Boston at the time of the AMA meeting and formulated a statement on the recent FDA pronouncement in regard to the use of oral anti-diabetes agents. The statement was critical of the manner in which the content of the University Group Report was made public. It was also critical of the method of studying the clinical effect of the various diabetic regimes listed and of the conclusions that were announced, as well as the statement which the FDA issued to the profession. The Committee statement was signed by many of the leading diabetes clinicians in the country, including some who have already publicly stated that they are not changing their use of oral anti-diabetes agents and did not expect to unless the agents are taken off the market completely.

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Indiana welfare is not 100% medical but almost. The welfare program concerns all physicians in varying degrees. This is the first of a series of articles by Dr. Wilkens describing the organization and functions of public welfare.

Welfare: Past-Present-Future

IRVIN W. WILKENS, M.D.
Indianapolis

UPON retiring from private practice in July 1970, I accepted a position as a member of the medical review team of the State Department of Public Welfare. The purpose of the team is to evaluate medical evidence and social data for applicants for Assistance to the Disabled to determine whether they meet the legal requirement of total and permanent disability. Before long I became aware of the vastness of the programs of this organization, of the complexities of its administration, of the social implications of its goals, and, most of all, of the basic human needs involved.

Of course, I had been vaguely aware of much of this during my 41 years of medical practice. I had done my share of clinic work at General Hospital, but my chief concern then was the treatment of the patients and their diseases; their social backgrounds and needs besides treatment and medication were the concern of the social worker. Most physicians in their busy lives feel the same way. But the exigencies of the present welfare program require more than the mere acceptance of its presence; understanding and knowledge are needed. It is in the hope of helping to create that understanding and to augment that knowledge that this series of articles is being presented, for the history, development and scope of this program are fascinating and of deep concern to all of us.

1. Historical Background

The settlers of Indiana had little need for a program of public assistance. They were few in number; they were closely bound together; they enjoyed a cooperative spirit and social unity that made neighborliness the greatest source of aid. There was distress in those days but the individual did not have to bear the burden alone, for he was among relatives and friends who were dependent upon each other for all things. Goals of individuals were identical and survival of any individual depended upon the unity of the group.

However, private aid and neighborly assistance could not provide adequate care indefinitely. More and more people found increasing difficulty in maintaining themselves as the country developed from a frontier agricultural state to one in which there were towns, industrial communities, employment outside of the home. Some program of assistance from the community became necessary.

The earliest provisions for the care of persons in need in Indiana were enacted in 1795 and show the influence of the English Poor Laws of 1601. Two quite different social purposes were combined in these early statutes: the decision by the people that no one in their midst should be allowed to starve; and a grim intent to deter dependency through more or less punitive measures. They recognized the principle of the responsibility of the local government for the care of dependents; they restricted the aid to those having legal residence; they denied aid where a family member could be held legally responsible; they provided different types of aid for those who could work, those who could not work and the dependent children.

Until approximately 1850, there were five methods of public assistance to those in need in Indiana: Indoor relief in which the persons were placed in poor asylums or poor farms under the care of county officials; the contract system in which the people as a group were placed with a private individual who was paid by the county; the farming-out system in which the people, individually, were placed in the care of private citizens who were paid by the county; the apprentice system of binding out minor children; and outdoor relief, in which the individuals or families were given relief in their own homes. The amount of outdoor relief was meagre. Whenever it was given, it was voted by the appropriate officials and became a matter of public record. Although modified,

indoor and outdoor relief have been continued up until the present time; the other three types of care have been abolished.

Although the Constitution of 1816 had authorized the building of county poor asylums, the first poor asylum in Indiana was established in 1821 in Knox County. Within a few years every county in the state had one. Because it was the most convenient type of assistance, the poor asylum or almshouse became a catchall in which all types of unfortunates were placed.

As conditions in the poor farms became known to the public, provision was made for the removal of certain special groups. The state recognized that it shared responsibility with the county in the care of the unfortunate by the gradual establishment of state institutions for the care and treatment of the law violator, the mentally ill, the children who were blind, deaf or delinquent. The first state institution, a state prison, was established in 1821.

The dependent normal children were among the last groups to be provided for outside of the almshouse. It was not until 1897 that a law was enacted forbidding children between the ages of three and 17 from being kept in the poorhouse for more than 10 days. During the previous years a few private orphanages had been established by lay groups. In 1875 counties were authorized to make payments to these private orphanages and, in 1881, to establish county orphans' homes for the care of dependent children who were sane and between the ages of one and 16 years. The homes were in charge of a matron and were maintained by a per diem allowance for each child committed to her care. There was serious objection to the per diem method of payment since it encouraged the matron to deprive the children of necessities in order that her own profit might be greater. The matron was required to provide food and clothing, to give the children home training, to send them to the public school and to assist in placing of the children in desirable private homes. Admission to the homes was gained by commitment by the county commissioners, the township trustees or the juvenile court judges. Since it was not mandatory that the children be public wards, some juvenile delinquents were committed to the orphanages rather than to the state institutions provided for their care. In 1907, the legislature required that children could be supported by the county only after they had been made public wards and that all public and private child-caring institutions and organizations be licensed.

More than half the counties never provided orphanages. The dependent children from these counties were either committed to orphanages in adjoining counties or cared for in free or paid boarding homes. The allowance which could be paid foster parents for the care of dependent children who were public wards was the same as the legal per diem for children in orphanages.

As the number and complexity of local and state provisions for the care of those in need of public assistance increased, the need for supervision was evident. This was recognized by the creation of the Board of State Charities and Corrections in 1889 which was given broad powers of supervision and investigation. The Board was authorized to require certain reports from state and county institutions, to license homes for children and maternity hospitals, to administer the importation law relating to children and other dependents and to supervise the administration of outdoor relief.

In 1933 this Board was placed in the executive department of the state government by the State Executive-Administrative Act. By general consent after there was reference to a State Department of Public Welfare in the Acts of 1935, the Board of State Charities and Corrections was subsequently referred to as the State Department of Public Welfare, even though its administrative organization remained unchanged. The Board of Charities and Corrections was abolished by the Welfare Act of 1936, but its functions were continued under the new Department of Public Welfare.

Outdoor poor relief in Indiana is administered entirely by the township trustee from funds received from property taxes with the county acting as fiscal agent in providing necessary funds which must be repaid by the township. The trustee is responsible for the investigation of each application made to him for assistance. If he finds aid is needed he gives an order against the county. Since 1933 the township trustee has been permitted to hire investigators or other aides to help him in the administration of poor relief.

2. Early Development

a. *Old Age Assistance*

A system of Old Age Pensions in Indiana was established by the Old Age Pension Law of 1933 which provided that assistance of not more than $15.00 a month should be granted to any individual past 70 years of age who had been a citizen of the United States and a resident of Indiana for at least fifteen years, who was not an inmate of any penal or correctional institution, who did not have responsible relatives able to support him, who did not own property valued in excess of $1,000, and who met certain requirements of conduct. The pensions were administered entirely by the county commissioners although the state paid one-half the cost. The Old Age Pension Law was repealed by the Welfare Act of 1936.

b. *Blind Assistance*

Assistance to blind persons in need was established in Indiana by the Blind Pension Act of 1935 which provided for pensions of not more than $25.00 a month to be paid to any person 21 years of age or over who had resided in the United States

for 15 years and in Indiana for five years, was not an inmate of a charitable or correctional institution, had not sufficient means of support, who was not soliciting alms, and whose vision was insufficient for use in an occupation for which sight is essential. The entire cost of these pensions was paid by the state but they were administered by the Board of Industrial Aid for the Blind. This law also was repealed by the Welfare Act of 1936.

c. *Assistance to Dependent Children in Their Own Homes*

In 1901, county boards of children's guardians had been established in Indiana. In the majority of counties these boards were appointed by the judge of the circuit court. The activities of the boards were financed out of a budget generally presented as a part of the budget of the court. The statutes provided that where a child was a public ward and had been made a ward of the board of children's guardians, the board could place the child with its mother and pay the mother for the care of the child, not exceeding the legal per diem of 75¢ per day.

Although the acts of 1891 and 1901 had given a general authorization for paid care outside of institutions and permitted the extension of assistance to mothers of dependent children as well as boarding home care, this fact was not generally recognized. In 1913, a bill for so-called Mothers' Pensions was first proposed. This bill was defeated, but authorization for Mothers' Aid was later granted by the Acts of 1919 and 1923, with the first extensive use of this type of care beginning in 1924. The adoption of the program was not statewide and no more than 69 of the 92 counties ever granted Mothers' Aid on any given census date. However, the program was popular in the counties which adopted it and the number of children receiving Mother's Aid increased consistently after 1924 to almost 4,000 in 1934 and 1935. The amount of payment was subject to the same per diem maximum applying to orphanage and boarding home care (75¢ per child).

3. Later Development

a. *Beginning of Federal Participation in Public Assistance*

Except for certain groups in need of institutional care and the limited efforts described immediately above, public assistance to people in their own homes for many years remained entirely local in character—administered by the township trustee from funds received from local property taxes.

The growing realization of the need for a national public welfare program was given sudden impetus by the quick plunge of the entire nation into depression conditions. In 1929, with the onset of the economic depression, the problem of assistance to those in need came to be recognized as one which had outgrown the resources of the private agencies and the local communities and had become one of serious state and national concern. The rapid expansion of social legislation from 1929 to the present stems from measures adopted by the federal government for the relief of the large number of persons left stranded by the economic depression and measures to prevent recurrence of such widespread destitution.

The transition from entirely local responsibility for public assistance to established state and federal responsibility for financial and administrative cooperation with the counties was characterized by a series of federal-state administered emergency measures for relieving conditions of need, distress and unemployment. Out of the experience in the administration of these measures grew many concepts of inestimable value later when the three special types of public assistance were inaugurated under provisions of the Social Security Act. Early federal participation in the relief problem was provided through the Emergency Relief and Construction Act of 1932, and administered by the Reconstruction Finance Corporation. The first federal funds for relief were made available to the state emergency relief administrations on the basis of loans to the states. However, in March 1933 the Federal Emergency Relief Administration was set up to provide federal aid by means of grants to the states for the relief of the unemployed. The Federal Surplus Commodities Corporation was incorporated in October 1933. In April 1933 the Civilian Conservation Corps was organized to provide employment for young men, preferably from needy families, and to carry on a program of conservation. From November 1933 to March 1934 employment was provided many persons through the Civil Works Administration. This program was succeeded by the emergency work relief program organized as a regular part of the Federal Emergency Relief Administration activities. In 1935 the federal government ceased granting funds to the state for direct relief and as a substitute established a program of work relief for "Employables" under the Federal Works Progress Administration. The National Youth Administration was established within the WPA to deal with special problems of youth. In 1939 the WPA was made a part of the new Federal Works Agency, its name was changed to Works Projects Administration and its appropriations were drastically cut. The WPA and the CCC were liquidated in 1943.

In 1931 it was recognized that an emergency existed in Indiana and that some effort should be made to coordinate emergency relief activities in the various counties. A state relief and unemployment committee was appointed with units in all the counties. These citizen committees could not be effective in most counties as they had no financial or legal responsibility. The Governor's Commission on Unemployment Relief was established

in 1933 with certain supervisory functions of the township trustees in connection with the administration of outdoor relief. The agency was later given the responsibility to administer the RFC funds loaned and eventually given to Indiana for assistance in connection with relief, to administer the FERA program and to cooperate in the administration of the CWA and WPA programs. The name of the agency was later changed to Unemployment Relief Commission; it was transferred to the State Department of Public Welfare in 1941 and discontinued in 1943.

b. *Social Security Act*

The first step toward a national security program was taken in 1934 when a Committee on Economic Security was appointed by the President. The report of this committee, together with further study by Congress, served as the basis for the Social Security Act which was passed by Congress and approved by the President on August 14, 1935. The act was amended on August 10, 1939.

The purpose of the Social Security Act is to prevent and to relieve the misfortunes that come when earnings are cut off by old age, blindness or death; when children are left with no one to support them or when they lack necessary care; and when the health of the community is not properly protected.

The Social Security Act is made up of 10 distinct but related programs which may be grouped under three heads:

(1) Social Insurance

(a) Employment Security, including Public Employment Service and Unemployment Insurance.

(b) Old-Age and Survivors Insurance.

(2) Public Assistance to Those in Need

(a) Old Age Assistance

(b) Aid to the Needy Blind

(c) Aid to Dependent Children

(3) Health and Welfare Services

(a) Child Welfare Services

(b) Services for Crippled Children

(c) Maternal and Child Health Services

(d) Retraining for Disabled Workers

(e) Public Health Services

Of these programs only one is administered at the federal level, the Old Age and Survivors Insurance program. For the other programs the federal responsibility is that of cooperation with the state in their administration.

The Welfare Act of 1936 as amended is the basic law under which Indiana has cooperated with the federal agencies in connection with assistance to the aged, blind and dependent children and child welfare and crippled children's services. The purpose of the Welfare Act is "to provide necessary and prompt assistance to the citizens and residents of this state who are entitled to avail themselves of its provisions. The act is to be liberally construed in order that its purposes may be accomplished as equitably, economically and expeditiously as possible."

The Aid to Disabled program was enacted by the Indiana General Assembly in 1961 to become effective January 1, 1963. This allowed eligible persons determined to be totally and permanently disabled to be granted a monthly award up to a maximum of $70 by the County Welfare Department. The act was amended in 1965 to increase the monthly benefit up to a maximum of $80. The definition of total and permanent disability was liberalized in 1967 to read "Unable to perform labor or services or engage in useful occupation" instead of "must be bedfast or require the help of another person."

Enabling legislation for Title XIX of the Social Security Act (Medicaid), Chapter 274, Acts of 1969, was passed by the Indiana General Assembly to be effective January 1, 1970. This should not be confused with Title XVIII of the Social Security Act, which is a contributory insurance program administered by the federal government. Both of these amendments were passed in 1965 by the Congress of the United States, but Title XIX (Medicaid) is administered at the state level by the State Department of Public Welfare in Indiana and financed jointly by the federal and state governments. No county money is involved. Chapter 274 is not the same bill that was introduced in 1967 and vetoed by the Governor at that time. It provides little more in the scope of medical services and the coverage of individuals than the previous program of medical assistance which covered all medical services in most counties. The great change is in the way the program is administered.

Medicaid is administered by the State Department of Public Welfare with the county departments of public welfare as agents. Beginning January 1, 1970, payment is made for medical services provided eligible persons by a carrier, Blue Cross-Blue Shield. Claims for medical services are submitted on forms provided by the carrier. Identification cards are provided by the carrier to all persons found eligible by the county departments of public welfare. The providers of medical services continue to be responsible, however, for ascertaining continuing eligibility from the county department of public welfare if there appears to be any question.

The present discussion of the welfare program was intended to familiarize the medical profession of the state of Indiana as to the overall history, ramifications, scope of coverage and the anticipated future. In the next issue of *The Journal* I will cover the various categories in greater detail and spell out the role of the physicians in all the aspects. ◄

10 N. Senate Ave.
Indianapolis 46204

Doomsday Sunday Midnight for Embittered MDs

UNLESS there is some miraculous turnabout, history will record that the practice of medicine in Quebec was stricken with a crippling illness on Sunday, Nov. 1, at 12:01 a.m. For if the Quebec Medicare plan goes into effect as it now stands — enforced by the brass knuckles of Bill 41 — the Montreal public will be forced to witness the disintegration of one of the most acclaimed medical communities on the continent.

Make no mistake about it. Bill 41 or not, the medical specialists in Montreal are going. A fair number have already gone. The famed McGill University Medical School, in the words of its professors, "is dead." I've spoken to a dozen specialists this week and I've seldom seen such unanimous disillusionment and bitterness. "We dilly-dallied right up to the end because we were sure everything would pan out all right," one 54-year-old obstetrician said. "Never did I dream that I would be up against this in my own country. I don't care what happens, I'm getting out of here no matter what sacrifices I have to make, I'm so goddam mad."

They're bitterest, of course, about Medicare's fee schedule which is scheduled to go into effect on Sunday. The very best they can expect, they maintain, is 35 per cent loss in income. But in many disciplines the loss can be as much as 50 to 55 per cent, they contend.

"That's if we slash everything to the bone," contended a general surgeon, "Our wives working in the office instead of a nurse, offices with lower rental, or no office at all, etc."

The Federation of Medical Specialists had asked for a fee schedule almost identical to that paid by the Ontario Health Insurance scheme. (In the Ontario plan, the government pays 90 per cent of the base fee, the patient 10 per cent; the doctor, however, can charge more than the base if he wishes, the patient picking up the difference.)

Instead, they were given the lowest fee schedule of any Medicare program in Canada. Some examples, comparing the Quebec fees to the Ontario fees:

Appendectomy: Quebec, $70, Ontario, $100; Delivery of baby, pre- and post-natal visits included: Quebec $100, Ontario $165; Kidney removal: Quebec, $160, Ontario $225; Fractured ankle: Quebec, $35, Ontario, $100; Simple hernia: Quebec $85, Ontario $120; Total gastrectomy (stomach removed): Quebec, $280, Ontario $400; hysterectomy: Quebec, $140, Ontario, $200.

Anesthetists' fees are lower proportionately. For each 15 minutes he has to stay with a patient, he'll receive $3.50. In Ontario, he would get $4.50.

Visits and consultations, too, are far lower for Quebec ($35 vs. $22, $25 vs. $11, $10 vs. $5, etc.).

The specialists would have been wholly satisfied with fees on a parity with Ontario—even though that meant a considerable loss. Because, until now, specialists here have been charging about 25 per cent more than the Ontario plan. For instance, delivery of a baby and the visits had cost between $200 and $225.

If the specialists were shaken by the prospect of having their incomes cut in half, they were crushed by the hasty passage of Bill 41. The only excuse for Bill 41 was that it was done in a terrible moment of crisis in Quebec, on Oct. 16, the day the War Measures Act was invoked and when the specialists were on strike.

Besides ordering the striking specialists back to work for one month under pain of fines and imprisonment, the bill established an inquiry commission "to determine whether between Nov. 15, 1970, and July 1, 1972 the population continues to have regular access to the services usually rendered by the medical specialists." Some of the inquiry commission's powers as outlined in Bill 41's explanatory notes:

"As soon as the commission has established that the population no longer has access as usual to such (medical specialists') services it shall so advise the government; if the latter considers that the situation is likely to endanger health, it may order all the medical specialists . . . to resume or continue the practice of their profession as usual for not more than two months. . . .

". . . If it is proven that a medical specialist has not practised his profession during a specified day, he must . . . prove that such work stoppage forms part of the usual stoppage of his profession and is not connected to any concerted action. . . .

". . . The bill also specifies that any medical specialist shall not be exempt from the application of the act merely because he is outside the

place where he usually practises his profession during the periods in which the bill requires him to practise his profession."

The bill calls for fines of $200 to $500 for each day and a maximum of one month in prison for medical specialists "who have not complied with the act." Fines of $5,000 to $50,000 and a maximum of a year in prison may be imposed on union bodies, leaders and members of their staffs.

The medical specialists I talked to said they hadn't the slightest intention of practising here until July, 1972, under the strictures of Bill 41. "Do you think for one minute that I'm going to submit myself as a prisoner of the government for bush-league wages in a major league medical city?" one said.

"There isn't the minutest chance in the world of a government forcing a surgeon 'to resume or continue the practice of his profession as usual,'" said another.

The drain is already being felt. Two of the six anesthetists at the Montreal General Hospital have left and a third has just signed a contract to leave shortly. With no anesthetist, a surgeon can't operate. More than 1,300 of the province's specialists have applied for certificates of competence to practise in other regions. "Over and above everything else, Quebec is no longer competitive with the rest of the continent," said one specialist.

Sixty per cent of the professors at the McGill Medical school are practising specialists and when they leave, the school, one of the most highly regarded on the continent, will go into decline.

"Quebec is building a whole new society," said an obstetrician, "and in that society, there is no room for medical specialists. I wish them luck."

—Tim Burke, The Montreal Star, Oct. 29, 1970.

From *The Journal* 50 Years Ago

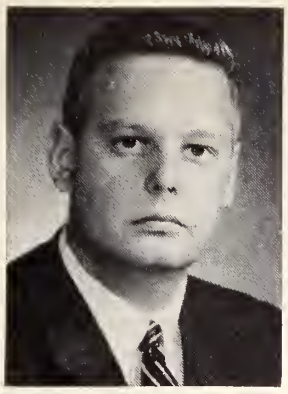
Time was within the memory of some present, when practitioners frequently cloaked their ignorance under such terms as "chronic bronchitis," "anemia," "malaria," waiting for the classical third stage signs before making a diagnosis of pulmonary tuberculosis. With the discovery of the Koch organism a large stride was made toward earlier diagnosis. Then came studies of the pulse and temperature. Still greater laboratory refinement in diagnostic procedure has come in the tuberculin and complement fixation tests—all bringing us nearer to the early recognition of the process when it is possible to subdue the enemy in its infancy. We are no longer content to wait until tubercle bacilli appear in the sputum. We seek to anticipate the stage of pathologic evolution when mixed infection brings about disastrous havoc, liberating necrotic debris and tubercle bacilli in great numbers.

Is it not true that the general profession is showing still the lagging and procrastinating attitude toward the early recognition of renal tuberculosis that characterized our action in regard to pulmonary tuberculosis thirty or thirty-five years ago? Too often we have been willing to veil our ignorance with the diagnosis of "cystitis." In the absence of definite urethral or vesical causes every case of frequent and painful micturition which *persist and resists* treatment of simple nature is to be viewed as a potential tuberculosis of the kidney until proved otherwise. All too often such patients are permitted to drift. Meanwhile the patient is allowed to do those things which are apt to convert the simple and perhaps curable condition into a mixed infection with widespread destruction. The urgent cry, therefore, to the general practitioner is to be on guard.

* * * *

Having established beyond reasonable doubt the existence of renal tuberculosis, it remains for the urologist to determine whether the disease is unilateral or bilateral. . . . If only one kidney is found involved, let us not quibble with the surgeon about the correct procedure. The case is surgical. Dock expresses the sentiment of most internists at the present time when he says: "Extirpation of the affected kidney is conservative treatment." Frank B. Wynn, M.D., "Renal Tuberculosis," *JISMA*, February 1921.

TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

THE I.R.S. has just ruled that the Indiana Annual License Excise Tax (Burns § §47-3601 through 47-3615), which tax has been substituted for the personal property tax on automobiles, is deductible for federal income tax purposes under I.R.C. §164. As a consequence, the tax may be deducted by individual taxpayers in arriving at their adjusted gross incomes, if the taxpayers pay the tax as a business expense or as an expense for the production of rents and royalties. On the other hand, if the tax is not paid as a business or such production of income expense, then the tax may be deducted by such taxpayers as an itemizable deduction, if they *itemize* their deductions instead of taking the standard deductions. Utilities have been exempted from the tax. However, non-profit organizations, such as churches, are going to be shocked to discover that *they* are subject to this tax because they were exempt from the personal property tax on automobiles.

Professional individuals who are seriously interested in helping to solve the drug addiction problem should read Rev. Rul. 70-590 which provides some guidelines for obtaining an income tax exemption for an organization which operates as a clinic and information center for excessive drug users.

Further, many non-profit organizations that know that they are exempt from federal income tax (or think they are) must file the simple I.R.S. Form 4653 or they cannot be certain of their future tax-exempt status. Any organization that thinks that it is tax-exempt should have its attorney determine whether the organization should file Form 4653.

The advantages of purchasing burial lots before death are overwhelming. *You* select the site, not your representatives or grieving spouse. You can purchase sufficient lots in scenic locations to insure that your entire family will be buried together. Such lots are now inexpensive ($100 to $200), can be purchased for $10 to $20 per month, with *no interest charges,* with the balance of your debt completely discharged if you should die prior to paying off the debt, with no extra charge for this. You also can arrange now for dignified funeral arrangements with an agreement that limits the expenditures for the funeral. Do I have to mention the needs of local eye-banks, etc.?

More and more persons who have established H.R. 10 self-employed retirement plans are employing their wives in some business capacity so as to have her covered under the plan too. The federal and state income tax savings for current deductions for the contributions on her behalf, plus the tax-exempt earnings on her fund, add up to significant retirement benefits.

I doubt if there is a professional individual around who would not be interested in reading three 1970 Statement on Responsibilities in Tax Practice releases, issued by the American Institute of Certified Public Accountants. Number 6 states what a C.P.A. should do if he learns either of an error in a client's previously filed federal income tax return or of a client's erroneous failure to file a required return. In such cases, the C.P.A. should tell the client of the error and recommend what the client should do. However, the C.P.A. is not obligated to inform the I.R.S. of the error, nor may he do so without his client's permission. If it appears that the I.R.S. may assert the charge of fraud, the C.P.A. is supposed to advise the client to consult the client's attorney. Under certain circumstances, where the error is not corrected, the C.P.A. should terminate his professional relationship with the client. Release Number 7 states what a C.P.A. is obligated to do if he has knowledge of an error in a client's return during an administrative proceeding with the I.R.S. However, this release does not govern the conduct of a C.P.A. who has been engaged by an attorney to provide assistance to the attorney in a matter relating to the attorney's client. Release Number 8 states that a C.P.A. is not expected to assume the responsibility for initiating subsequent development advice to his client, unless he agrees to do so or unless a C.P.A. learns of the development while he is currently working with the client on a matter affected by the development. ◄

The Woman's Auxiliary

REPORTS TO ISMA

This time of the year makes one realize that even though there is a seeming letdown of spirits after the holidays there is still much to be done.

Naturally all that it is in our mind in Evansville is looking forward to our Auxiliary convention in April. We have much planning and work to do between now and then but we certainly are looking forward with much anticipation to this event.

We hope to have a great convention this year and we want each and every member to come and have fun with us.

We also look forward to having out-of-state guests and our own Indiana celebrities.

We — meaning our great convention chairmen and committees — are already hard at work planning an interesting program of events. Mrs. Robert Harris (Pat) and Mrs. Charles Hachmeister (Joan) are the hard working chairmen; and such enthusiasm-whew-must be because they are so young, they seem absolutely tireless. I'll never be able to thank them enough for what they are doing for me and US.

Our household was happy to report a healthy holiday season. With all the things that preceded the holidays, we certainly were happy to have everyone back on their feet for the greatest season of all.

You will be hearing more and more about our plans for the April 20-22 event here in Evansville. Please encourage your wife to join us; it will be good for her morale.

The year is speeding along and soon there will be a new picture in my place and I will be a little sad but also happy to have been here awhile.

Sincerely,

Doris M. Clouse

The concert was just underway,
When to the conductor's dismay
Cramps and diarrhea,
Did so quickly appear,
The maestro no longer could stay.

Because diarrhea with cramping, nausea, and painful straining can strike at the most inopportune time, it takes a comprehensive agent to treat the total diarrheal syndrome and help get the patient back on the job. That's why so many physicians rely on Donnagel, especially during the fall and winter months when "flu" and viral gastroenteritis usually hit their peak.

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When diarrhea and its discomforts separate a man from his job . . .

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Each fluid ounce contains: Kaolin, 6 g.; Pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Sodium benzoate (preservative), 60 mg.; Alcohol, 3.8%.

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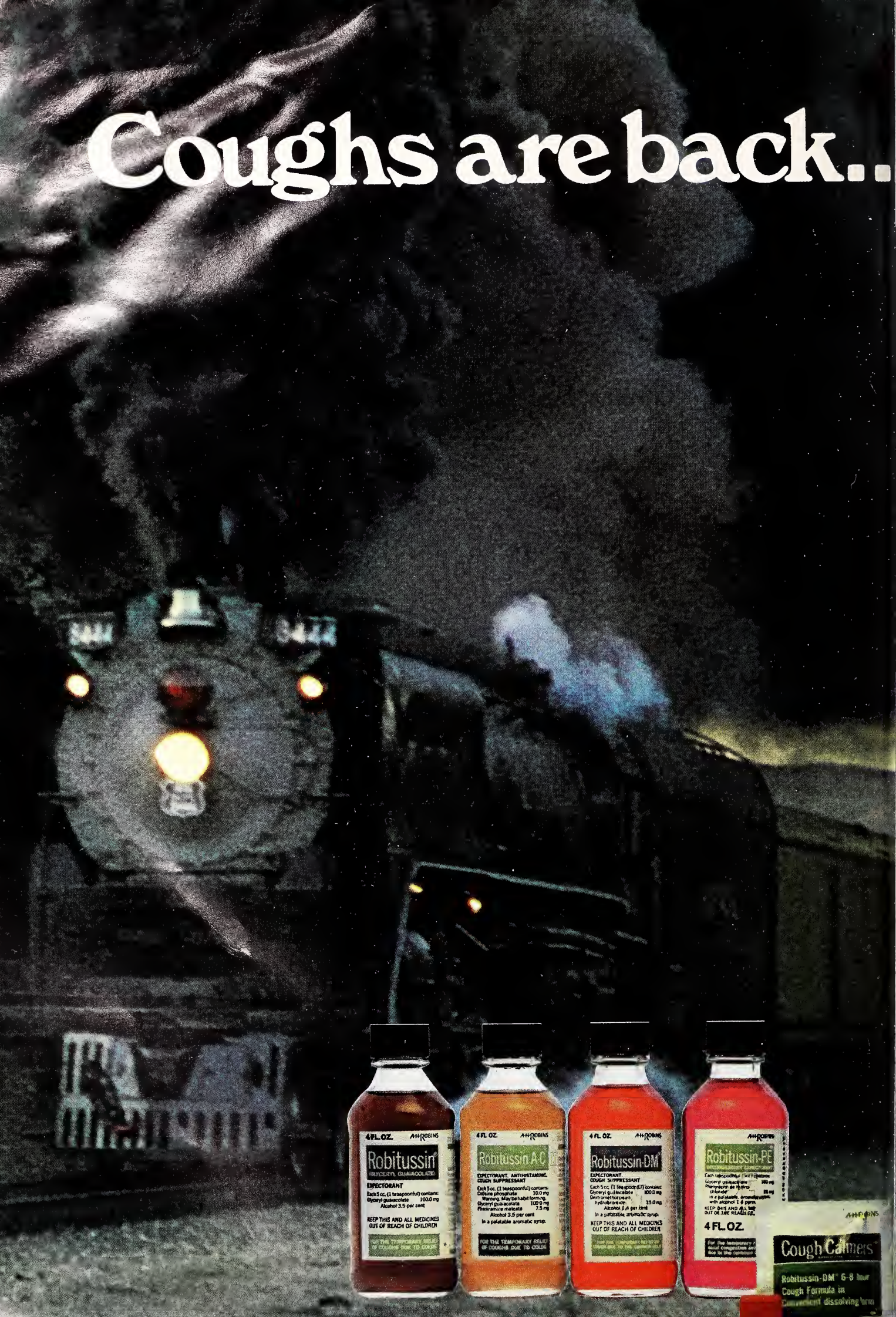
Coughs are back...



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Each 5 cc. contains:

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For unproductive allergic coughs

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(warning: may be habit forming)	
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ROBITUSSIN A-C®	●	●			
ROBITUSSIN-DM®	●		●		●
ROBITUSSIN-PE®				●	●
COUGH CALMERS™	AHR		AHR		AHR

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Physician and Hospital not Liable for Refusal to Abort— The refusal to abort an expectant mother where there is a possibility that rubella in the mother may cause malformation of the child does not give rise to a cause of action against the physician or hospital making the refusal, a New York appellate court ruled.

A malformed child and her parents both brought suit against a hospital for refusal to abort the mother after there was evidence that the mother was infected with rubella. The abortion committee of the hospital was divided as to the necessity or desirability of performing an abortion. Two of the physicians had doubts that rubella was present. The jury found in favor of the infant, but the trial court directed judgment for the hospital notwithstanding the verdict of the jury. The jury returned a verdict for the parents, and the judgment was reversed on appeal.

The court held that a cause of action by an infant for failure to abort the mother is not cognizable at law. Likewise, an action by parents for refusal to abort the mother is one not previously known to the law. The court stated that it would be virtually impossible to evaluate compensatory damages for the anguish resulting from rearing a malformed child as against the denial to them of the benefits of parenthood.—*Stewart v. Long Island College Hospital,* 313 N.Y.S. 2d 502 (N.Y. Sup. Ct., App. Div., July 2, 1970).

Birth Control Pills not Proved to Be Cause of Thrombophlebitis—The claim that recurring thrombophlebitis resulted from taking birth control pills was rejected by a Pennsylvania trial court in deciding a case brought against a pharmaceutical manufacturer. The trial judge held that there was insufficient evidence to establish a causal connection and held in favor of the drug firm.

A husband and wife brought suit against the drug manufacturer, alleging that thrombophlebitis resulted from the wife's taking birth control pills manufactured by the drug firm. The pill was not taken as a contraceptive but had been prescribed by the woman's physician after she complained of menstrual problems.

The case was tried before the court, without a jury. Medical experts testified that thrombophlebitis is an idiopathic condition and a primary disease. They further testified that it is of spontaneous origin and of unknown cause. There was also medical testimony that the incidence of thrombophlebitis among women who use birth control pills and those who do not is much the same.

The court observed that the woman had previously suffered from thrombophlebitis and that this made her more susceptible to the ailment. A physician who testified for the woman said that there could be a relationship between taking the pills and the condition complained of. He admitted that he had not made an exhaustive study on the subject, but he concluded that the pills were the most likely cause of the thrombophlebitis.

A specialist who had treated the woman testified that after he diagnosed the thrombophlebitis he concluded that the patient should discontinue taking the pills. He stated that he believed that the medication was a significant factor in causing the ailment.

The court pointed out that the specialist was unable to state with a reasonable degree of certainty that the pills caused the thrombophlebitis, and that he was unable to exclude causes other than the pills. The court commented on the testimony of another medical witness, who testified that government-endorsed medical committees have concluded that there is nothing to indicate that oral contraceptives might cause thrombophlebitis in a person who is predisposed to the condition.

The court held that the patient had failed to show that the thrombophlebitis followed as the natural and probable result of taking the medication. The causal connection must be shown through medical testimony establishing reasonable certainty. It is not sufficient to show that the condition might have resulted, or probably resulted, from the incidents complained of.—*Leibowitz v. Ortho Pharmaceutical Corp.* (Pa. Ct. of Common Pleas, Philadelphia Co., Docket Nos. 6053 and 6054, Sept. 8, 1970.)

Internist not Liable for Alleged Misdiagnosis—An internist who made a diagnosis of Asian flu after a patient complained of abdominal pain was absolved by jury verdict in a California trial court from liability in a suit charging that he failed to make a proper diagnosis of a ruptured diverticulum of the sigmoid colon.

Two days after the diagnosis was made, the patient returned to the physician and complained of severe abdominal pain. The rupture was discovered, and seven operations were

performed in order to correct the condition.

The patient contended that the physician failed to diagnose the acute condition, and that this failure resulted in the rupture. The physician argued that the proximate cause of the rupture was the delay in contacting him when the pain became severe. In settlement negotiations, the patient demanded $65,000. The physician offered $3,500. No settlement was made, and the jury returned a verdict in favor of the physician.—*Wolfe v. Smith* (Cal. Super. Ct., Los Angeles Co., 1970).

Coroner Not Immune from Suit for Improper Commitment—A coroner who signed a certificate committing a man to a state mental institution without seeing or examining the man could be sued for false arrest and imprisonment, a Louisiana appellate court ruled. Because he failed to conform to the statutory procedure for commitment, he was not protected by a law granting personal immunity from suit to a coroner who authorizes a detention. The appellate court reversed the lower court's dismissal of the patient's suit and remanded the case for further proceedings.

The patient was committed pursuant to a statute which requires certification by a coroner and a physician that they have examined the patient within three days of making the application and have found the individual in need of care and confinement.

A woman requested the coroner to commit her husband to the state mental hospital. Without seeing the husband, the coroner executed a "certificate of coroner and physician," certifying that he had observed and examined the man and attesting to the need for commitment. The husband was taken into custody, confined to jail for five days, and then committed to a mental hospital, where he was kept against his will for almost three months.

When the patient brought suit for false arrest and imprisonment, the coroner admitted having executed the certificate without seeing or examining the patient but contended that, nonetheless, he was immune from suit.

The court ruled that although statutes provided personal immunity to the coroner for certain confinements, he was not immune in the case at hand.—*Delatte v. Genovese,* 228 So. 2d 252 (La. Ct. of App., Nov. 17, 1969).

Anesthesiologist not Liable in Cardiac Arrest Emergency—A verdict absolving an anesthesiologist from liability for brain damage resulting from a cardiac arrest was upheld by the highest court of Massachusetts. The court refused to set the verdict aside on the ground that the trial court gave the jury an instruction defining the degree of care required in an emergency.

During the course of a tonsillectomy, the patient suffered a cardiac arrest while under anesthesia. Severe brain damage resulted from the cardiac arrest. The trial court instructed the jury that a person is obliged to act with due care and skill even when confronted with an emergency. However, consideration must be given to the fact that there is not the time for thought that there would be if no emergency existed. The jury returned a verdict in favor of the anesthesiologist, and the patient appealed.

The patient claimed that since cardiac arrest is a complication which is a constant possibility during surgery, it should not be considered an emergency. Whether or not a cardiac arrest is an emergency was a question for the jury to decide, the appellate court held. It was therefore proper for the jury to be instructed as to the degree of care required in the event of an emergency.—*Linhares v. Hall,* 257 N.E.2d 429 (Mass. Sup. Jud. Ct., April 7, 1970).

No Compulsory Admission into Medical Society—A county medical society was not compelled to accept a physician as a member where membership in the society was not required for staff privileges in local hospitals, a Texas appellate court held.

The physician had been a "provisional member" of the county medical society for three years. When he applied for regular membership in the society he was rejected. Although its by-laws did not require it to do so, the medical society granted the physician a hearing before the entire membership.

At the hearing, the medical society's Board of Censors reported that numerous complaints had been received concerning the physician during his three years as a provisional member. These complaints involved overcharging, abusing nurses, requiring financial statements before treating seriously ill patients and other types of allegedly unprofessional conduct. The members voted to approve the rejection of the physician's membership.

The physician then filed a lawsuit to compel the county medical society to accept him as a member. He claimed that since he was rejected, his staff privileges were terminated at several hospitals, that he could not obtain staff privileges at any hospital in the county, and that this had resulted in a great financial loss.

Personnel of the hospitals which terminated the staff privileges of the physician said that they were not terminated because of the rejection of his membership in the county medical society but for other reasons. The evidence also showed that only one small privately owned hospital in the county required membership in the society before it would grant staff privileges.

Since membership in the county medical society was not a requirement for staff privileges in the majority of the hospitals in the county, the appellate court ruled that the medical society could not be forced to accept the physician as a member.

As a voluntary association, the medical society could set its own

qualifications for membership as long as such qualifications did not violate good morals or a state law. The physician never claimed that they did.—*Schooler v. Tarrant County Medical Society*, 457 S.W.2d 644 (Tex. Ct. of Civ. App., July 10, 1970; rehearing denied Sept. 18, 1970).

Damages for Injuries Making Both "Pill" and Pregnancy Dangerous—A verdict of $90,000, returned in favor of a girl whose injuries resulted in thrombophlebitis and proneness to blood clotting which barred her from ever taking the present type of birth control pills, was held by a Delaware trial court not to be excessive. Spinal injuries were such as to make pressure on the spine caused by pregnancy both hazardous and dangerous, according to medical testimony.

The victim of the accident, who was a girl of high school age, sustained multiple injuries in an automobile accident. As a result of the injuries a phlebitis condition developed in the pelvic and lower abdominal regions, and later moved into the groin area.

An internist testified that the symptoms indicated a serious form of thrombophlebitis and that in such cases blood clots frequently break off. He stated that the clots could go to the lungs, creating a serious condition. The girl suffered "permanent loss or destruction of veins" and other circulatory problems. It was testified that because she was prone to blood clotting she would be barred from taking any of the present types of birth control pills. Further medical evidence indicated that pressure on her spine caused by pregnancy could be painful and dangerous and that there would always be a possibility of spinal cord disintegration and paralysis.

The court held that damages in the amount of $90,000 for the injuries sustained was not excessive, and denied a motion for a new trial.—*Aastad v. Riegel*, 262 A.2d 652 (Del. Super. Ct., New Castle Co., Feb. 4, 1970). ◄

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ABSTRACTS, BOOK REVIEWS

FUNDAMENTALS OF CLINICAL CHEMISTRY

Edited by Norbert W. Tietz, Ph.D., W. B. Saunders Co., Philadelphia, 1970; $26.00.

Fundamentals of Clinical Chemistry, edited by Norbert W. Tietz, Ph.D., has contributions by an impressive cluster of collaborators. The first three chapters are enormously useful for the physician who desires to obtain a background in basic laboratory principles and procedures, instrumentation, and micro technique.

All through the rest of the book one finds not only precise descriptions of laboratory procedures, but extremely useful introductory material presenting clear summaries of the topics to be covered. As an example, the section on endocrinology begins with the nature and action of hormones and control of hormone secretion—all before it proceeds into the subject of the specific hormones and their biochemical analysis.

The book should be invaluable as a reference text for virtually all physicians, particularly internists and others concerned with family medicine.

W. D. SNIVELY, JR., M.D.
Evansville

MEDICAL PHARMACOLOGY

Andres Goth, C. V. Mosby Co., St. Louis, 1970; $16.50.

The 5th edition of *Medical Pharmacology* by Andres Goth maintains its goal of presenting current pharmacologic knowledge, with special emphasis on principles and concepts relevant to modern medicine. The book represents a thorough revision, with a new appendix on the all-important drug interactions added. Because this is basically a one-author text, it provides continuity and homogeneity.

In addition to presenting in quite adequate detail the essentials of medical pharmacology, the text is characterized by splendid introductory sections preceding each category of drugs. This not only gives the practicing physician a ready review, it gives it to him succinctly and relieves him of the necessity of going elsewhere for this essential information. Untoward effects are not neglected. Illustrations are clear and attractively presented in two colors. Type also is in two colors, enhancing readability.

The book can be enthusiastically recommended for all family physicians, be they internists or general practitioners.

W. D. SNIVELY, JR., M.D.
Evansville

THE FROZEN CELL

Ciba Symposium, edited by G. E. Wolstenholme and Maeve O'Connor, 316 pages with 115 illustrations, J. & A. Churchill, London, 1970; $13.50.

We are all familiar with the phenomena of hibernation and estivation. Similarly, we are aware of the fact that many tissues are kept frozen until they are needed. We can mention blood plasma and various special blood components, bone marrow, corneas for transplants, etc.

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It can be seen that the last word is far from having been said. Still, even the non-specialist can be instructed as to just what some of the shadings and nuances of skillful use of known procedures will accomplish. It is a certainty that tissue transplants are emerging from just over the horizon. We all will be better off when the specialists continue learning more of what they are doing.

As usual, the printing, binding and visual presentation are impeccable. The Foundation is to be congratulated on so faultless a job.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

BREATHING—HERING-BREUER CENTENARY SYMPOSIUM

Ciba Foundation, edited by Ruth Porter; J. & A. Churchill, London, England 1970; 400 pages with several tables and 112 illustrations; $13.00.

Some 30 distinguished specialists have contributed papers and their discussions to the topic in hand: the Hering-Breuer reflex mechanisms. I notice particularly a paper contributed in absentia by S. I. Frankstein of the Acadaemy of Medical Sciences, USSR.

Personally, I am enamored by the opening paper by Elizabeth Ullman in which she sketches in the history of the two eminent gentlemen who gave their name to the phenomenon of respiratory autonomism: a fact taught to all freshmen starting their first course in physiology. She presents much detail of which I was unaware. This brief chapter (15-pages) alone is worth the price of the entire volume.

Most M.D.s will remain satisfied to read about this reflex in their texts; a few specialists will peruse the esoterica more closely.

As usual, the paper, printing and binding are impeccable. Hospital libraries should stock this monograph on their shelves. Professors of physiology will surely wish to add it to their handy-file for quick referral.

And just a final thought: Both of these eminent physiologists were not relicts of an *ancien regime*. They lived well into this century.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

Abstracts From Various Literature, Prepared by AMA

BROWN URINE AS CLUE TO PHENACETIN INTOXICATION

A. L. Miller, L. R. Worsley, and P. K. Chu (Middlesex Hosp. Medical School, London)

Lancet 2:1102-1103 (Nov. 28) 1970.

Dark brown urine, with the unusual property of reducing silver nitrate solutions in the cold, may be a useful clue leading to the recognition of unsuspected phenacetin intoxication or abuse. Confirmation may be obtained by the detection of phenacetin metabolites in the urine by simple one-way chromatography after acid hydrolysis.

Continued on page 156

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NOTE: Not recommended during the acute recovery phase following myocardial infarction. Patients with cardiovascular disorders should be watched closely; arrhythmias, sinus tachycardia, and prolongation of the conduction time have been reported, particularly with high doses; myocardial infarction and stroke have been reported with drugs of this class. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. Concurrent electroshock therapy may increase the hazards of therapy; such treatment should be limited to patients for whom it is essential. Discontinue the drug several days before elective surgery if possible.

Contraindications: Known hypersensitivity. Should not be given concomitantly with or within at least 14 days following the discontinuance of a monoamine oxidase inhibitor. Then initiate dosage of amitriptyline HCl cautiously with gradual increase in dosage until optimum response is achieved. Not recommended during the acute recovery phase following myocardial infarction or for patients under 12 years of age.
Warnings: May block the antihypertensive action of guanethidine or similarly acting compounds. Should be used with caution in patients with a history of seizures or urinary retention, or with narrow-angle glaucoma or increased intraocular pressure. Patients with cardiovascular disorders should be watched closely; arrhythmias, sinus tachycardia, and prolongation of the conduction time have been reported, particularly with high doses; myocardial infarction and stroke have been reported with drugs of this class. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. May impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle. Safe use during pregnancy and lactation has not been established; in pregnant patients, nursing mothers, or women who may become pregnant, weigh possible benefits against possible hazards to mother and child.
Precautions: When used to treat the depressive component of schizophrenia, psychotic symptoms may be aggravated; in manic-depressive psychosis, depressed patients may experience a shift toward the manic phase, and paranoid delusions, with or without associated hostility, may be exaggerated; in any of these circumstances, it may be advisable to reduce the dose of amitriptyline HCl, or to use a major tranquilizing drug, such as perphenazine, concurrently. When given with anticholinergic agents or sympathomimetic drugs, close supervision and careful adjustment of dosages are required. May enhance the response to alcohol and the effects of barbiturates and other CNS depressants. The possibility of suicide in depressed patients remains during treatment and until significant remission occurs; this type of patient should not have easy access to large quantities of the drug. Concurrent electroshock therapy may increase the hazards of therapy; such treatment should be limited to patients for whom it is essential. Discontinue the drug several days before elective surgery if possible.
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METHEMOGLOBINEMIA FROM WELL WATER NITRATES: COMPLICATION OF HOME HEMODIALYSIS

D. J. Carlson and F. L. Shapiro (Hennepin County General Hosp., Minneapolis 55415)

Ann. Intern. Med. 73:757-759 (Nov.) 1970.

Toxic methemoglobinemia developed in a patient on home dialysis after nitrate contamination of well water used to make the dialysis. The patient recovered after treatment with intravenous methylene blue. Methemoglobinemia is a potential complication in patients on chronic home dialysis when water from contaminated private wells is used in making the dialysate.

EFFECTIVENESS OF LITHIUM CARBONATE IN TREATMENT OF MANIC-DEPRESSIVE ILLNESS

C. D. Van der Velde (Norwich Hosp., Norwich, Conn. 06360)

Amer. J. Psychiat 127:345-351 (Sept.) 1970.

Lithium carbonate was found to be highly effective in the acute manic state of 75 manic-depressive patients but was without merit in the treatment of acute depression. Its efficacy was inversely related to age. Response varied in some patients; a positive response at one time was no guarantee for a similar response in subsequent trials. The possibility of different biochemical states underlying similar clinical states is admitted.

CERVICAL DYSPLASIA AND CANCER DEVELOPING IN WOMAN ON IMMUNOSUPPRESSION THERAPY FOR RENAL HOMOTRANSPLANTATION

S. Kay, W. J. Frable, and D. M. Hume (Medical College of Virginia, Richmond 23219)

Cancer 26:1048-1052 (Nov.) 1970.

A study of cervical changes was made of 28 female patients over the age of 11 years who received renal transplants for end-stage kidney disease. Three of these patients have shown cellular abnormalities on Papanicolaou smears. One patient showed mild dysplasia in only one smear, but the other two have shown persistent atypicalities and one of the two developed in situ epithelioma proved by cervical conization. While definite proof that the cervical changes are due to immunosuppressive therapy is lacking, a plea is made to subject all transplant patients to routine cervical smears and to record all features of dysplasia and frank malignancy in order that assessment of their significance may be made.

POLYPS AND CARCINOMA OF LARGE BOWEL IN SOUTH AFRICAN BANTU

C. G. Bremner and L. V. Ackerman (Baragwanath Hosp., Johannesburg, South Africa)

Cancer 26:991-999 (Nov.) 1970.

The South African Bantu has an unusual pattern of disease of the large bowel. For all practical purposes he does not have Crohn's disease, ulcerative colitis, or diverticulosis. Cancer of the large bowel is of extremely low frequency, and this series of 96 cases was never associated with adenomatous polyps. In 14,000 autopsies, no adenomatous polyps were found. During a 12-year period only six adenomatous polyps were submitted to surgical pathology. The low incidence of carcinoma of the large bowel is undoubtedly environmental rather than generic. In direct contrast to the United States, the Bantu has an extremely bulky diet and increased frequency of defecation. The bacterial flora may also be important. Therefore, prevention as well as detection of large bowel cancer should be considered.

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Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: **Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired.** Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., certain elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—they can both cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

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unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps In some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)

Q103

"Drug Exposure" Program Sponsored at Valparaiso

A first step in initiating a cooperative movement between the home, school and community was taken in December when a meeting on "Drug Exposure" was presented at Valparaiso under the joint sponsorship of Valparaiso Community Schools and the Kiwanis Club.

Following a film strip which related drug abuse problems in various areas of the United States, brief addresses were presented by five speakers who later formed a panel to answer audience questions.

Dr. Donald DuSold, Valparaiso psychiatrist, was one of the participants.

Dr. Mitchell Hetman Retires

After 25 years of general practice in Westville, **Dr. Mitchell J. Hetman** closed his office Nov. 19 to move to Florida. He plans to continue the practice of medicine in Fort Meyers.

Three Wayne County Physicians In Forensic Medicine Seminar

Drs. John Stepleton, Olin Wiland and **James Logan** participated in a series of seminars on forensic medicine at Richmond during December and January.

The series was planned through cooperation of the pathology department of Reid Memorial Hospital and the Wayne County coroner's office. Among those in attendance were Richmond police officers, the Wayne County sheriff's department, Indiana State Police, hospital emergency room personnel, AID ambulance personnel, fire department rescue unit and funeral directors.

Takes Part in Guidance Conference

Dr. Otto D. Klassen participated in a conference on "Caring for Angry and Depressed Students and Their Parents" recently at Oaklawn Center, Elkhart. About 50 area school administrators and guidance counselors attended.

Hepatitis Suspect Registry Developed by Red Cross

The American National Red Cross Blood Program, in conjunction with the Southeastern Michigan Red Cross Blood Center, Detroit, has developed a hepatitis suspect registry using automatic data processing methods to identify quickly suspected carriers of hepatitis.

Believed to be the first system of its kind in the United States, the Red Cross registry has already proved its effectiveness by finding that a recent blood donation came from a person who is on the hepatitis suspect list.

Dr. Tibor J. Greenwalt, national medical director of the Red Cross Blood Program, said today the registry will ultimately contain identities of all blood donors known to Red Cross suspected of being carriers of hepatitis and will be made available to other blood collection facilities on request. Even though the Red Cross accepts only voluntary donations, some persons may be unaware that their blood could transmit hepatitis. The purpose of the registry is to provide additional means for determining whether certain blood donors should not be accepted or used because of the risk of transmitting hepatitis.

"Research is under way to find a way to detect hepatitis in blood," said Dr. Greenwalt. "Until such a test is perfected this registry will help in controlling blood which might otherwise be suspect."

A master file at the Red Cross data processing center in Alexandria, Va., currently contains coded identification of all Detroit area blood donors suspected of being carriers of hepatitis, a type of liver disease. This confidential list was compiled through names submitted to the Detroit Red Cross medical director by hospitals and through names of suspected hepatitis donors known to Red Cross. Such donors on this list have already been notified. The Southeastern Michigan Chapter transmits coded data on all Red Cross blood donors in the region to the Virginia computer center which electronically checks each against the hepatitis registry. When a match is made the computer indicates that the blood should not be used; this information is relayed back to Michigan and the donor is advised.

Since a person may offer blood donations to more than one blood collection agency, Dr. Greenwalt continued, the registry soon will be expanded in the interest of public health to include the identity of hepatitis suspects voluntarily submitted by other agencies. These agencies include community blood banks and hospitals. Any non-Red Cross blood collection facility may voluntarily use the registry now being developed by the Red Cross for the inclusion of the identities of hepatitis suspects known to them, Dr. Greenwalt concluded.

12 Black Medical Students Receive Cincinnati Fellowships

The University of Cincinnati College of Medicine has announced that twelve black medical students have received National Medical Fellowships, Inc. awards totalling $19,100. Included in the grantees are Lonnie C. Jenkins, Gary, and Allen B. Martin, Indianapolis.

Counselor Writes Pamphlet For Middle-Aged-Marrieds

"Marriage and Love in the Middle Years" is the title of Public Affairs Pamphlet No. 456. It is written by James A. Peterson, marriage counselor and professor of sociology, University of Southern California, to give general counsel to the middle-aged-marrieds. The pamphlet is available from Public Affairs Committee, 381 Park Avenue South, New York City 10016, at 25 cents a copy.

Gorgas Medal Awarded Col. Dan Crozier

The 28th annual Gorgas Medal for accomplishments in preventive medicine was recently presented to **Col. Dan Crozier,** U. S. Army Medical Corps, for his contributions to the understanding of infectious disease processes and the development and testing of vaccines. The presentation was made by **Dr. George E. Farrar, Jr.,** Medical Director of Wyeth Laboratories, which sponsors the Medal.

Receives NIMH Grant

Robert Perrucci of Purdue University will be the investigator under a National Institute of Mental Health grant of $60,909 for the study of "Social Process in Identification of Mental Illness."

AAGP Elects Three

Drs. Thomas D. Foy, Fort Wayne, Henry A. Staunton, South Bend, and Fred E. Haggerty, Greencastle, have been elected to active membership in the American Academy of General Practice. The Academy's membership is made up of more than 31,000 family doctors.

Speaks on Diabetic Treatment

Dr. W. B. Wilson, Mentone, was a recent speaker to the Mentone Lions Club on the subject of diabetes.

Participates in Ground-Breaking

Dr. Weldon Troyer, Goshen, participated in recent ground-breaking ceremonies for the Greencroft Nursing Center at Goshen, a 60-bed, $1 million convalescent and extended care facility. Greencroft is a subsidiary of the Mennonite Board of Missions and Charities.

Coronary Care Unit Drive Successful

The campaign to raise money to install and equip a coronary and intensive care unit at Woodlawn Hospital, Rochester, in memory of the late **Dr. E. V. Herendeen** was closed out in December as a smashing success.

Dr. Howard H. Rowe, drive chairman, announced that almost $30,000 had been pledged during the campaign. Dr. Herendeen, longtime Rochester physician and surgeon, died August 3.

Red Cross Offers Films

Two teaching films, both produced by Armour Pharmaceutical for the American Red Cross Blood Program are now available. One 10-minute color film is directed to an audience of physicians, medical personnel and hospital staffs, to illustrate the technical advances in use of blood components and fractions. The title is "Precious Tissue." Not suitable for lay audiences. The other film is an 11-minute color film especially for laity. It is entitled "Blood Is Life—Pass It On" and is designed to remove the fears and hesitancies which many people experience when asked to donate blood. It won the Silver Medal at the New York International Film and TV Festival for 1970. Both films are obtainable through the Red Cross.

Dr. Wallace Buchanan Elected

Dr. Wallace Buchanan, South Bend, was elected president of the Council of Medical Specialty Societies, on which Council he serves as a representative of the American College of Radiology. Dr. Buchanan also serves the College as its delegate to the AMA's Interspecialty Committee.

AAPS Essay Contest Announced

The American Association of Physicians and Surgeons is inviting county medical societies to join in sponsoring the annual AAPS Free Enterprise Essay Contest for students of grades 7 through 12. Three subjects are specified and essayists may choose one—"The Moral Basis of Human Progress," "The Advantages of the American Free Enterprise System," or "The Advantages of Private Medical Care." The contest will close March 1. For information write Contest, 420 E. First St., Bloomington, Ind. 47401.

Fourth Film Award to Eaton

Eaton Laboratories has received another Golden Eagle award for a medical teaching film which it sponsored. The film "Embryology of the External Male Genitalia" is available on a free-loan basis for medical educational programs. This is the fourth successive year in which Eaton has had a film which received the award.

Allen County Health Officer Dr. Paul P. Bailey Honored

An open house in honor of Dr. Paul Bailey, Fort Wayne, Allen County Health Officer for 30 years, was held on Dec. 20 in the Board of Health offices.

"Depression" Materials, Film Produced by Medcom

A new three-part learning system for the postgraduate instruction of physicians on the subject of "Depression" has been announced by Medcom. The system consists of a 30-minute documentary film, a comprehensive monograph, and a self-evaluation section. It is sponsored as a service to the medical profession by Lakeside Laboratories. The film and accompanying material may be scheduled for showing to medical societies or hospital staff societies by writing the Department of Professional Services, Lakeside Laboratories, Milwaukee, Wis. 53201.

Dr. Rushmore Assumes Command

Dr. Charles H. Rushmore, Indianapolis, Lt. Col. M.C., has assumed command of the 334th Medical Group, Fort Harrison. Col. Rushmore has recently been assigned as chief of professional services in the 337th General Hospital at Fort Harrison and more recently was commander of the 337th General.

Parke-Davis Acquires Pope Brace Co.

Parke-Davis recently announced that the Pope Brace Company, maker of orthotic and prosthetic appliance parts and supplies, has been acquired and will continue business under its name and identity as a division of Parke-Davis.

"Pacemaker" Film Offered by GE

A new, full-color, 16-mm film, especially produced for pacemaker users and their families, is now available from the General Electric Company.

Entitled "THE SPARK OF LIFE", this 8-minute motion picture defines, in laymen terms, normal heart performance and the effects of heart block. The film includes a demonstration and explanation of asynchronous and demand cardiac pacemakers, illustrating how these devices help restore normal cardiac activity. Dr. Richard D. Judge, Clinical Associate Professor of Internal Medicine, University of Michigan, narrates the film.

Copies of the film can be obtained from the GE Medical Systems Department office nearest you (listed in the "Yellow Pages"), or by writing the General Electric Company, Medical Systems Department, 4855 Electric Avenue, Milwaukee, Wis. 53201.

Eaton Offers Drug Interaction Materials

Eaton Laboratories has developed a drug interaction program to aid physicians, dentists, pharmacists, nurses and patients. The major item is a "Guide to Clinical and Pharmacologic Drug Interactions," a pocket-size 32-page pamphlet listing drug compounds by category and by name with possible interactions each product may have with other drugs the patient is taking. There is also a leaflet for patient information and a waiting room sign to remind patients to report the medicines he is already taking. The various items in the program may be obtained from Eaton's medical sales representatives. ◀

About Our Cover

GOVERNOR Edgar D. Whitcomb (left) gives Governor's Trophy to Louis B. Russell, Jr., in recognition of outstanding achievement in surmounting a disability and in promoting the employment of other handicapped persons.

Louis B. Russell, Jr., Indianapolis, longest living heart transplant recipient in the world and IHA Heart Fund Chairman, received from Governor Edgar D. Whitcomb on Jan. 20 the Governor's Trophy designating Russell as "Handicapped Hoosier of the Year."

Other honored guests at Mr. Russell's "re-birthday party," which launched the 1971 Heart Fund Drive, were two and one-half year old Samantha McGaffick, Westville, and the Greensfelder twins, Logansport—all victors over heart surgery and disabilities.

An industrial arts teacher, Mr. Russell celebrated the second anniversary of his heart transplant at the University of Virginia Medical College, Richmond, on Aug. 24, 1970, according to Robert B. Chevalier, M.D., Russell's family physician and president of the Indiana Heart Association. From September 1969 to September 1970, Mr. Russell spoke as Heart Rehabilitation Ambassador to more than 50 local Heart Associations and 3,000 physicians, nurses and lay members, stressing the practical importance of heart research and the resulting medical and nursing care of persons suffering from heart disease.

Samantha, youngest open-heart surgery patient in the history of Presbyterian St. Luke Hospital, Chicago, first underwent surgery Nov. 13, 1968, when she was only eight days old. A second operation was performed Dec. 11, 1969, and, four days later, she was operated on for the third time. She is now completely well.

Herbert and Melvin Greensfelder, 75-year-old twins, survived heart attacks which took place one year apart on the same day of the year. They are co-president and co-campaign chairmen of the Cass County Heart Association and have served in these two positions for the past 12 years. For their outstanding public services they were recently honored by their community at a testimonial dinner which netted more than $10,000, which was used to buy resuscitators for the two Logansport hospitals.

The Governor's Trophy is awarded annually in recognition of outstanding achievement in surmounting a disability and in promoting the employment of other handicapped persons. It is part of the rehabilitation awards program of the Commission of the Handicapped, Indiana State Board of Health. **Photos by Bob Doeppers.**

What's New?

Medical Info-Dent, Box 122, Miami, Florida, markets a stainless steel tag and chain which bears the AMA approved Emergency ID emblem, and is embossed with the patient's name, address, phone number, medical information and health facts, and physician's name and phone number. The tag with information embossed on it is sold by mail for $3.00 each.

* * *

A new non-stick pad on 1″ and ¾″ Band-Aid brand Sheer Strips is announced by Johnson & Johnson. The poly-coated pad will not stick to the wound and reopen it when removed. Product promotion for the new Strips includes a free adhesive bandage dispenser with purchase of an 8-box product assortment. Designed for desk top or wall use, the sturdy plastic unit has five channels to stack quantities of different size adhesive bandages.

* * *

A birth control pill with the lowest estrogenic activity of any combination oral contraceptive is available now from Ortho. Ortho-Novum 1/50 □ 21® contains one milligram norethindrone and 50 micrograms of mestranol. It is planned for three weeks' dosage with one week off. Patients may start taking the pills on the same day of the week every month.

* * *

Pfizer announces that Mithracin (generically known as mithramycin) will be marketed soon. It has been under study for a long time. It is especially effective against testicular malignancies. It is also of value in treatment of cancer patients with hypercalcemia or hypercalciuria. It is a potent cytotoxic agent, killing malignant human cells in culture at concentrations as low as 0.5 micrograms per milliliter of culture medium. Requires special handling—the freeze-dried preparation for IV injection must be stored at below 10 degrees Centigrade. It has side effects characteristic of the cytotoxins. Pfizer provides it free of charge for indigent patients.

* * *

Kendall announces new packaging for Curity Tripaque and Curity Radiopaque Sponges. Both are packaged in trays and have a seal which prevents contamination and which may be opened easily without touching the contents. The trays are useful for collecting the used sponges for counting. Both types of sponges are easily identifiable by standard or portable X-ray equipment.

* * *

Merck has published a book (also a summary pamphlet) which discusses codeine and other widely used analgesic and antitussive agents. The extensive clinical and experimental studies which were the basis for the text will debunk some widely held impressions about the drug. One interesting and practical finding was that codeine is almost non-addictive.

Brief Summary of Prescribing Information—9-9/22/69. For complete information consult Official Package Circular.
Indications: Essential hypertension. Use cautiously in patients with renal insufficiency, particularly if they are digitalized.
Contraindications: Anuria, oliguria, active peptic ulceration, ulcerative colitis, severe depression or hypersensitivity to its components contraindicates the use of Salutensin.
Warnings: Small-bowel lesions (obstruction, hemorrhage, perforation and death) have occurred during therapy with enteric-coated formulations containing potassium, with or without thiazides. Such potassium formulations should be used with Salutensin only when indicated and should be discontinued immediately if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occurs. Use cautiously, and only when deemed essential, in fertile, pregnant or lactating patients. *Use in Pregnancy:* Thiazides cross the placenta and can cause fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly electrolyte disturbances. Fatal reactions may occur with reserpine during electroshock therapy; discontinue Salutensin 2 weeks before such therapy. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Azotemia, hypochloremia, hyponatremia, hypochloremic alkalosis and hypokaliemia (especially with hepatic cirrhosis and corticosteroid therapy) may occur, particularly with pre-existing vomiting and diarrhea. Potassium loss or protoveratrine A may cause digitalis intoxication. *Potassium loss responds to potassium-rich foods, potassium chloride or, if necessary, discontinuation of therapy. Stop therapy if protoveratrine A induces digitalis intoxication.* Serum ammonia elevation may precipitate coma in precomatose hepatic cirrhotics. Discontinue therapy 2 weeks before surgery or if myocardial irritability, progressive azotemia or severe depression occur. Exercise caution in patients with chronic uremia, angina pectoris, coronary thrombosis or extensive cerebral vascular disease *or bronchial asthma* and in those with a history of peptic ulceration or bronchial asthma; in post-sympathectomy patients; in patients on quinidine; and in patients with gallstones, in whom biliary colic may occur. Patients who have diabetes mellitus or who are suspected of being prediabetic should be kept under close observation if treated with this agent.
Adverse Reactions: Hydroflumethiazide: Skin rashes (including exfoliative dermatitis), skin photosensitivity, urticaria, necrotizing angiitis, xanthopsia, granulocytopenia, aplastic anemia, orthostatic hypotension (potentiated with alcohol, barbiturates or narcotics), allergic glomerulonephritis, acute pancreatitis, liver involvement (intrahepatic cholestatic jaundice), purpura plus or minus thrombocytopenia, hyperuricemia, hyperglycemia, glycosuria, malaise, weakness, dizziness, fatigue, paresthesias, muscle cramps, skin rash, epigastric distress, vomiting, diarrhea and constipation. *Reserpine:* Depression, peptic ulceration, diarrhea, Parkinsonism, nasal stuffiness, dryness of the mouth, weight gain, impotence or decreased libido, conjunctival injection, dull sensorium, deafness, glaucoma, uveitis, optic atrophy, and, with overdosage, agitation, insomnia and nightmares. *Protoveratrine A:* Nausea, vomiting, cardiac arrhythmia, prostration, blurring vision, mental confusion, excessive hypotension and bradycardia. (Treat bradycardia with atropine and hypotension with vasopressors.)
Usual Dose: 1 tablet b.i.d.
Supplied: Bottles of 60, 600, and 1000 scored 50 mg. tablets.

Salutensin®
hydroflumethiazide, 50 mg./reserpine, 0.125 mg. protoveratrine A, 0.2 mg.

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Division of Bristol-Myers Company
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The antihypertensive therapy that is easy to live with.*

When successive blood pressure readings confirm essential hypertension, consider Salutensin for:

Easy-to-live-with control. Gradual reduction of blood pressure leading to decisive, comfortable control is the common clinical response.

*Salutensin is usually well-tolerated (however, serious side effects can occur; see adjacent column for brief summary of prescribing information).

Easy-to-live with dosage. Two tablets a day usually achieves control. One to two tablets a day often maintains control without need for additional antihypertensive agents.

Easy-to-live with cost of therapy. The one to two tablets a day maintenance dose makes Salutensin economical to stay with. Important, because long-term control calls for long-term therapy.

Salutensin®

hydroflumethiazide, 50 mg./reserpine, 0.125 mg. protoveratrine A, 0.2 mg.

FRANKLIN Travel Homes are built to take it...

46,000 miles of tough and rough going prove it!

Two bold adventurers, Harry Wohl, a retired Virginia newspaperman and Erik Gjullin, a Georgetown University graduate, recently returned from an exciting 46,000 mile journey—Alaska to South America. The complete year-long trek was covered in a fully self-contained Franklin Travel Home . . . Model TH-225 with a GMC V-6 four-speed truck unit. Their trip took them as far north as Circle, Alaska and south to Magellan Straits in Argentina. Map illustrated on side of Franklin Travel Home shows route traveled.

Enroute, the rugged unit edged its way out of numerous tough-going spots on unimproved trails, forded nearly 100 rivers and narrowly escaped a Peruvian earthquake. The Franklin Travel Home was driven up one-lane mountain paths at altitudes of 15,000 ft., the tough Alcan highway route and in sweltering heat of 100 degrees plus temperature . . . most rigs under these conditions would have cracked at the seams.

According to Harry Wohl, the 24 ft. long, 10 ft. high and 5 ton Franklin Travel Home's only maintenance stops were for routine servicing. Upon completion of the lengthy trip, the unit was returned to Franklin's plant for minor repairs and its first tune-up...not bad for traveling 46,000 miles spanning two continents in just one year.

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Continuing Education for Physicians

POSTGRADUATE COURSES IN INDIANA

Anatomical and Clinical Otolaryngology 56th Annual Course

March 28-April 9, 1971 — Indianapolis

This offering is an intensive two-week course in anatomy of the head and neck with emphasis on surgical and developmental anatomy of this region. Thirty-six hours will be devoted to histopathology of otolaryngology. Lectures and demonstrations are designed to review basic principles and to present recent advances in the field. The course is open to recently certified or board-eligible physicians specializing in otolaryngology, as well as residents training in this specialty.

Presented by the Department of Otorhinolaryngology, the course is a cooperative effort on the behalf of faculty of the Indiana University School of Medicine: anatomists, anesthesiologists, internists and pathologists.

A Symposium on Trauma Emergency Care

April 22, 1971 — Lafayette, Indiana

This conference is designed for all health care personnel involved in treating acutely injured patients. The morning session is devoted to allied health personnel and their roles in initiating care for the injured patient. The afternoon session then turns to the physician's management of trauma patients.

Topics for the day include: cardio-pulmonary resuscitation shock following trauma; acute injuries of the head, chest and abdomen; and orthopedic emergencies.

Contemporary Clinical Pathology and the Referral Facility

April 21, 1971 — Indianapolis

In the fields of chemistry, hematology, and microbiology, the regional referral facility provides selected diagnostic procedures which augment the clinical pathology capabilities of the community hospital. Typically, these procedures include chemical analyses (e.g., steroid determinations, high-resolution analyses), anaerobic microbiological technics, and specialized coagulation assessments. This course considers the rationale, complications and limitations of selected regionalized diagnostic procedures.

INDIANA

May

Indianapolis

Sixth Annual Indiana Multidisciplinary Child Care Conference
5/12-13/71

Orthopedics and the General Practitioner
5/19/71

June

Indianapolis

Emergency Medical Care
6/2/71

Membrane-Bound Enzymes
6/9, 10, 11/71

March

ILLINOIS

Belleville

Practical Management of Pulmonary Disease
3/22/71 to 3/24/71

Chicago

Esophageal Surgery
3/25/71 to 3/27/71

Pathology of the Heart—Core Curriculum 1
3/18/71 to 3/21/71

One-Week Course in Diagnostic Radiology
3/22/71 to 3/26/71

III Symposium on Pediatric Neuroradiology
3/17/71 to 3/19/71

Course II — Regional Anesthesia and Therapeutic Nerve Blocking
3/1/71 to 3/5/71

Newer Technics in Urologic Instrumentation
3/15/71

Advances in Urology
3/16/71 to 3/17/71

Pediatric Urology
3/18/71 to 3/19/71

Marital & Sexual Problems — Course 1002
3/17/71 to 4/21/71

MICHIGAN

Ann Arbor

PAS and MAP Institute
3/4/71

Recent Advances in Therapeutics
3/3/71 to 3/5/71

Obstetrics and Gynecology
3/8/71 to 3/10/71

Advances in Immunity and Infectious Disease
3/24/71 to 3/26/71

Surgical Aspects of Diseases of the Liver, Spleen and Pancreas
3/15/71 to 3/16/71

MINNESOTA

Minneapolis

Allergy
3/4/71 to 3/6/71

Proctology
3/22/71 to 3/26/71

Office Management of the Emotionally Disturbed Patient
3/18/71 to 3/20/71

OHIO

Cincinnati

Thermal Injuries
3/18/71 to 3/19/71

Selected Basic Science Applications to the Modern Clinical Laboratory
3/4/71

Stroke Rehabilitation
3/12/71 to 3/13/71

Cleveland

Blood Banking
3/17/71 to 3/18/71

Advances in Urology
3/10/71 to 3/11/71

Updating Neurology
3/31/71 to 4/1/71

Columbus

Infectious Disease
3/31/71

Internal Medicine
3/17/71

Ophthalmology Conference
3/1/71 to 3/2/71

Pediatric Clinic Day
3/10/71

Lederle Symposium
3/7/71

Lederle Symposium
3/14/71

WISCONSIN

Madison

Sixth Postgraduate Teaching Days in Sports Medicine
3/26/71 to 3/27/71

FUTURE MEETINGS, SEMINARS, COURSES

Annual Clinical Conference Set for March 3-6 at Chicago

The 27th annual Midwest Clinical Conference of the Chicago Medical Society will meet at the new McCormick Place from Wednesday, March 3, to Saturday, March 6. It will feature a broad program of lectures, instructional films and sessions on socio-economic issues. Emergency Room problems, instructional courses in internal medicine, a special session on Alternatives to the Pill, Surgery and Abortion, a panel on Non-Cancerous Problems of the Breast, and another on Drugs—Problems of Behavior, are only a few of the subjects that will be discussed.

Cleveland Clinic Announces Two Postgraduate Courses

A postgraduate course in "Blood Banking" has been set by the Cleveland Clinic Educational Foundation for March 17 and 18 and one on "Medical Progress and Its Relationship to Dentistry" has been set for March 24 and 25.

The latter is co-sponsored by the Cleveland Dental Society.

The fee for each is $45; to enroll or for more information, write the Education Secretary, 2020 E. 93rd St., Cleveland 44106.

Obstetrician-Gynecologists to Meet May 3-6 in San Francisco

The Nineteenth Annual Clinical Meeting of The American College of Obstetricians and Gynecologists will be held in San Francisco, May 3-6, 1971.

The program will develop three themes, Perinatology, Pelvic Infections, and Diseases of the Vulva, one each day. The general sessions, seminars, correlated seminars, round tables and reports on clinical investigations will each relate to the day's theme.

Non-Fellows may register to attend both the meeting and the Postgraduate Courses which precede the meeting on May 1 and 2.

Contact: Donald F. Richardson, 79 West Monroe Street, Chicago, Ill. 60603.

Sets Refresher Course in Diagnostic Roentgenology

The University of Cincinnati College of Medicine will conduct its thirteenth annual Refresher Course in Diagnostic Roentgenology from June 1 to 5. For more information write Dr. Harold B. Spitz, Cincinnati General Hospital, Cincinnati 45229.

Physicians:

The best plan for your own health care starts with this card!

April 1, 1971 is the effective date of an improved basic benefit program coupled with a $10,000 Major Medical program, which is being offered physicians by Blue Cross and Blue Shield.

Your prompt return of this reply card will insure that you receive an application and additional information on this Indiana State Medical Association–approved program. An outline of your benefit programs can be found in the Blue Shield article in this month's issue.

something to have and hold onto

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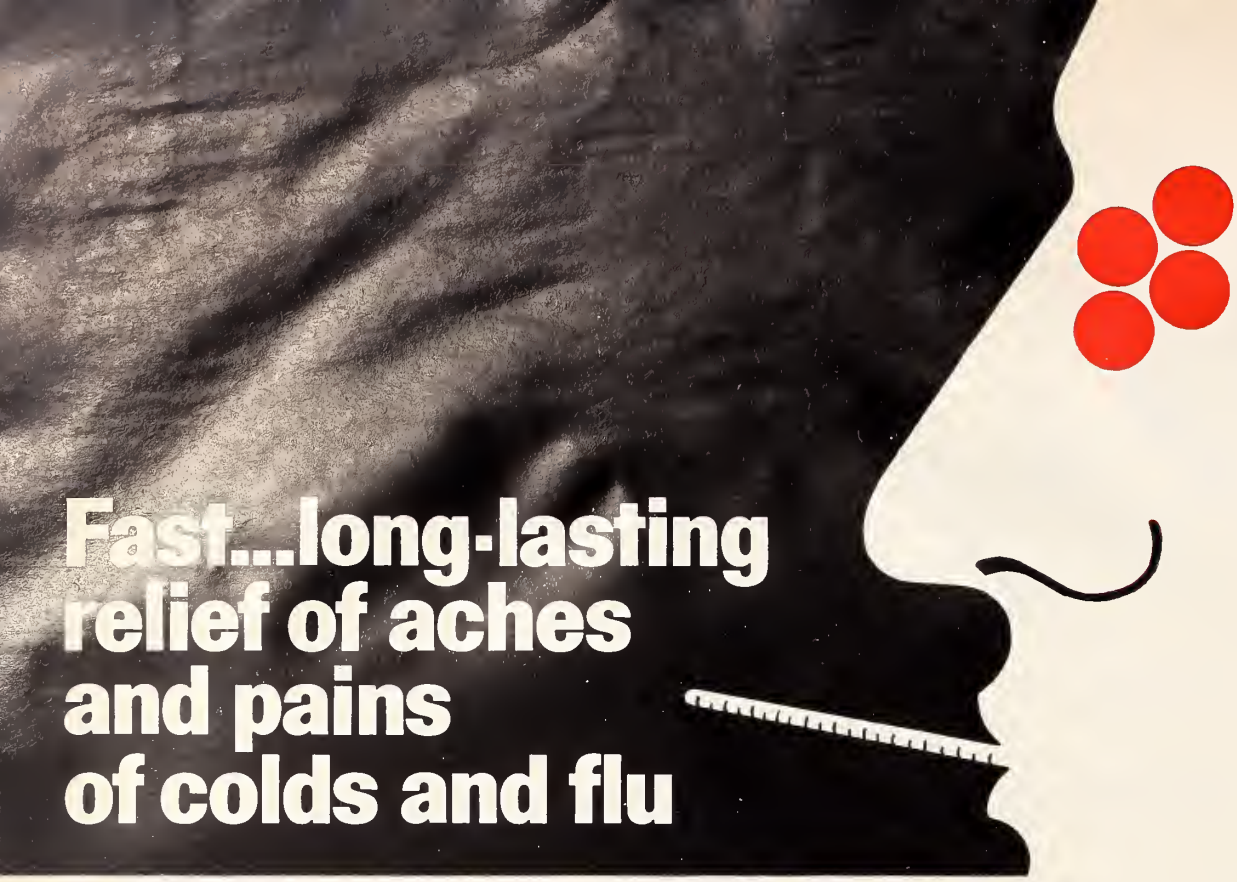

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Double strength Measurin timed-release aspirin offers a new kind of control for your patients with cold and flu discomforts. In each 10-grain tablet are over 6,000 microscopic reservoirs that release aspirin at a controlled rate—some right away and some later on. This means fast relief of symptoms, followed by hours of comfort. Throughout the day, Measurin gives your patients freedom from a 4-hour aspirin schedule. During the night, its 8-hour dosage schedule holds the promise of sound sleep without awakening to take extra tablets.

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MEASURIN®
TIMED-RELEASE ASPIRIN

ECONOMICAL • EFFECTIVE • LONG LASTING PAIN RELIEF

Dosage: 2 tablets followed by 1 or 2 tablets every 8 hours as required, not to exceed 6 tablets in 24 hours. For maximum nighttime pain relief, 2 tablets at bedtime.

Available: Bottles of 12, 36 and 60 tablets.

County, District News

Fayette-Franklin

Films on drug abuse were shown at the January meeting of the Fayette-Franklin County Medical Society which was held at the Connersville Country Club.

Fountain-Warren

The Fountain-Warren County Medical Society met at the Attica Hotel on January 7. The contraceptive and family planning clinic program was discussed, as was the Psi Iote Rubella program. It was decided to defer action on either until additional information could be obtained.

Howard

Thirty-eight members were present for the January 5 meeting of the Howard County Medical Society at the King's Crown in Kokomo.

Marshall

Dr. James Fink, internist of the South Bend Clinic, spoke at the January meeting of the Marshall County Medical Society at the Holiday Inn, Plymouth. His subject was chronic obstructive lung disease, pathophysiology, etiology, acute and long-term therapy, and a discussion period followed his presentation.

Dr. Ronald L. Peterson reported the results of a survey by a group from Ohio State University which consisted of screening 20 local children for adequacy of immunization and numerous laboratory values.

Fifteen members and a guest, Dr. Maria Solymos, Warsaw, were present.

Vigo

Three applications for membership were received and acted upon favorably at the December meeting of the Vigo County Medical Society. They are: Doctors Sa'd El Issa, Jesus F. Pangan and W. J. Menke.

Officers were elected as follows: Dr. Paul E. Humphrey, president; Dr. Werner L. Loewenstein, vice president, and Dr. J. Lewis Stoelting, Treasurer. Drs. Thomas J. Conway and Norman M. Silverman were named delegate and alternate.

Forty-one members attended.

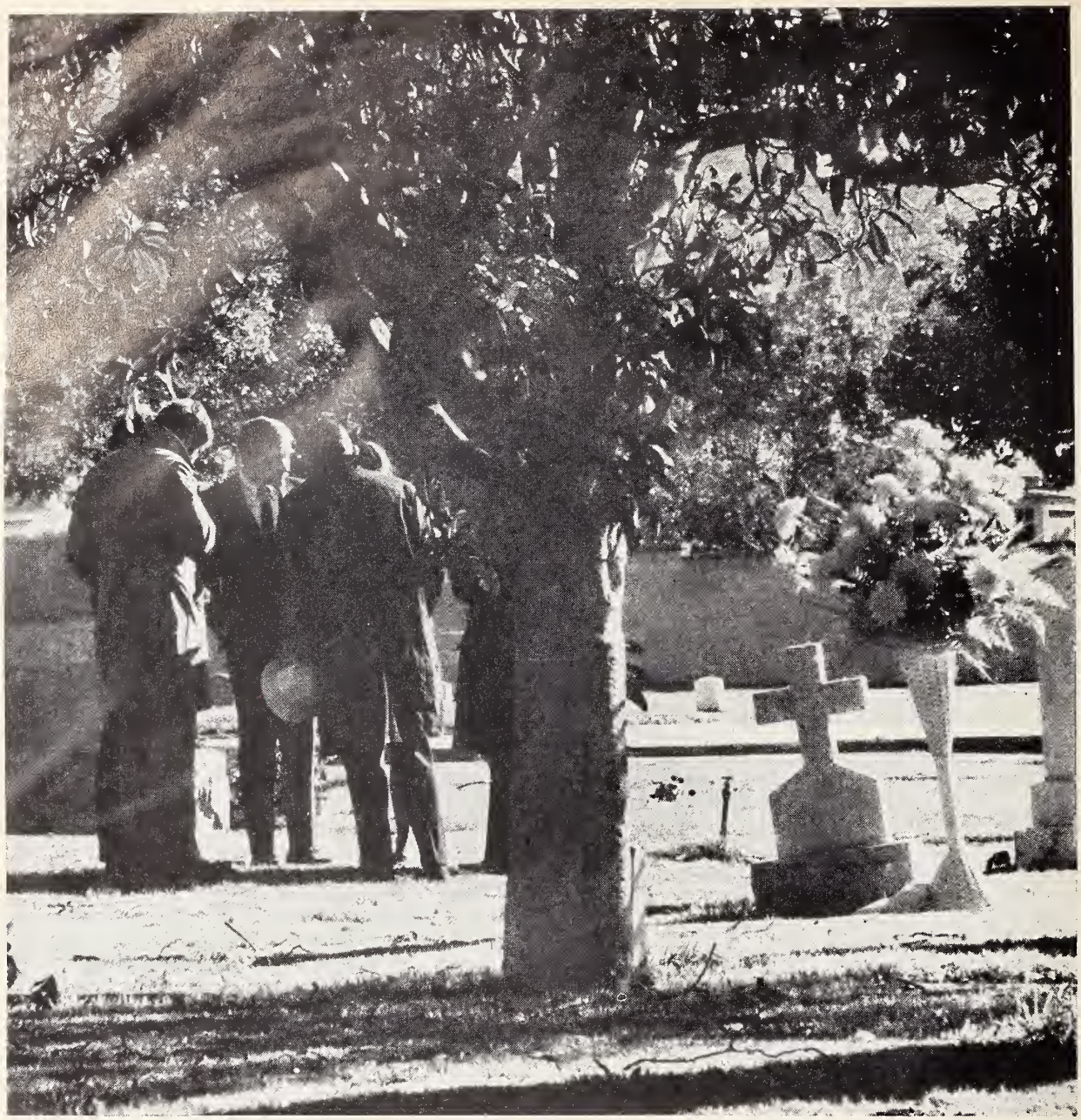
White

Dr. Stanley E. McClure, Monon, presented a 59-year old arthritic patient who had recently had bilateral hip prosthesis, films and comments on the subject, at the December meeting of the White County Medical Society at the White County Hospital. Seven members were present. ◄

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—December 1970

Disease	Dec. 1970	Nov. 1970	Oct. 1970	Dec. 1969	Dec. 1968
Animal Bites	400	601	908	350	350
Chickenpox	328	182	109	302	775
Conjunctivitis	87	133	173	56	77
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	11	14	36	6	58
Gonorrhea	711	663	817	824	466
Impetigo	154	172	326	91	102
Infectious Hepatitis	42	49	42	79	45
Infectious Mononucleosis	114	99	117	71	64
Influenza	1440	1545	1176	1546	57136
Measles					
Rubeola	4	3	1	23	33
Rubella	41	53	70	81	79
Meningococcic Meningitis	2	2	1	5	4
Meningitis, Other	7	3	3	9	7
Mumps	267	243	117	238	364
Pertussis (whooping cough)	4	4	23	2	6
Pneumonia	403	455	379	440	553
Poliomyelitis	0	0	0	0	1
Streptococcal Infections	598	668	715	582	642
Syphilis					
Primary & Secondary	42	18	36	44	21
All Other Syphilis	85	87	139	108	78
Tinea Capitis	10	2	6	1	14
Tuberculosis (Active)	63	76	102	47	89



Drunk drivers bring families together.

In hospital rooms and at funerals.

Because that's where the drunk driver's victims wind up.
Drunk drivers are involved in at least 25,000 deaths and 800,000 crashes every year.

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The first thing you can do is get him off the road. For his sake and yours.

Do something. Write the National Safety Council, Dept. A, 425 North Michigan Ave., Chicago, Illinois, 60611. And your voice will be heard.

Scream Bloody Murder.

Advertising contributed for the public good.

Association News

EXECUTIVE COMMITTEE

December 16, 1970

Present: Donald M. Kerr, M.D., chairman; Wilbert McIntosh, M.D., Malcolm O. Scamahorn, M.D., Peter R. Petrich, M.D., Joe Dukes, M.D., Lester H. Hoyt, M.D., Hugh K. Thatcher, M.D., and James A. Waggener.

MINUTES OF THE MEETING held November 14th were approved on motion of Dr. Petrich and taken by consent.

Membership Report

The membership report was approved by consent.

Membership report as of November 30, 1970:	
Number of members as of December 31, 1969	4,482
1970 members as of November 30, 1970	
Full dues paying members	3,959
Residents and interns	94
Board remitted	57
Senior	352
Honorary	3
Military	39
Total 1970 members as of November 30, 1970	4,504
Total 1969 members as of November 30, 1969	4,484
Number of AMA members as of December 31, 1969	4,330
1970 AMA members as of November 30, 1970	4,329
Full dues paying	3,787
Exempt, but active	542
	4,329
Number who have paid state dues but not AMA dues as of November 30, 1970	175
Number who paid state dues but not AMA AMA dues as of December 31, 1969	152

Headquarters Office

REPORT FROM FIELD SECRETARY—The secretary read a communication from a field secretary concerning the discussion at a county medical society meeting with respect to the 1970 annual convention. This was taken as a matter of information.

LEASING OF CARS—The leasing of cars was again discussed and the secretary was instructed to get as many quotations in this area as possible.

AD HOC COMMITTEE TO INVESTIGATE RELATIONSHIPS—The secretary reviewed the schedule of meetings planned by the Ad Hoc Committee to investigate relationships between physicians, county societies, with Blue Shield. He pointed out the first meeting would be held in South Bend, January 28th; the second meeting would be in Columbus February 18th and the third and final meeting in Indianapolis March 18.

Treasurer's Report

THE TREASURER REPORTED on income and expenses for the month of November, cash and securities and investments. The report was adopted on motion of Drs. Hoyt and Dukes.

Organization Matters

SURVEY OF MEMBERSHIP—The secretary reported that the membership survey was in the hands of the printers and suggested, if it was agreeable, the survey would not be mailed out until after Christmas. This was taken as a matter of information.

COUNTY SOCIETY OFFICERS CONFERENCE—The program for the County Society Officers Conference to be held at the Airport Holiday Inn in Indianapolis Sunday, January 10th, was reviewed for the information of the committee.

LETTER FROM CINCINNATI ATTORNEYS—A letter from a firm of Cincinnati attorneys concerning what they considered unjust in Indiana's tax laws as related to corporations and an opinion from the association legal counsel on this subject were reviewed for the information of the committee.

WASAMA MEMBERSHIP—On motion of Drs. Petrich and McIntosh, the sustaining membership in WASAMA was approved.

SAMA MEMBERSHIP—On motion of Drs. McIntosh and Dukes, renewal of the sustaining membership in SAMA was approved.

LETTER FROM CAAP—The secretary reviewed a communication from the Community Action Against Poverty of Greater Indianapolis, which was taken as a matter of information.

LETTER FROM THE AMA—A letter from the AMA announcing a plaque to be given to Dr. Richard R. Bowers for his volunteer participation in the Vietnam Program was read and by consent it was agreed that Dr. Bowers should be invited to attend the next Board meeting, at which time this presentation would be made to him.

REQUEST FOR JUDICIAL COUNCIL OPINION—By consent it was agreed that the association would direct a letter to the Judicial Council of the AMA seeking a Judicial ruling concerning physicians participation in profit oriented H. M. O's.

PAYMENT OF M.D.'s IN COURT CASES—A news clip concerning payment of physicians for appearances in court in Vanderburgh County was reviewed for the information of the committee.

LETTER FROM DR. ALVIN L. HENRY—A letter from a physician concerning a legal matter and seeking an opinion from the association legal counsel was reviewed and on motion of Drs. McIntosh and Petrich, the physieian is to be informed this is a local matter and therefore any opinion would be at the expense of the local society.

LETTER FROM PHYSICIAN RE BLOOD BANK—A letter from another physician requesting the association to obtain legal opinion to determine if a physician working at a blood bank in which he approved blood for the bank has any legal responsibility — in view of the recent Supreme Court decision in the state of Illinois. Inasmuch as this request has statewide implication, on motion of Drs. Petrich and McIntosh the secretary is requested to obtain legal opinion.

RENEWAL OF MEMBERSHIP IN BBB—Renewal of membership in the Central Indiana Better Business Bureau was approved on motion of Drs. Petrich and McIntosh.

LEADERSHIP TRAINING PROGRAM—The secretary reviewed those who had signed up for the Leadership Training Program on January 16-17 and this was taken as a matter of information.

LETTER FROM HEW TO DR. SCAMAHORN—A letter addressed to Dr. Scamahorn from the Department of HEW was reviewed for the information of the committee.

CONTRACT FOR 1972 CONVENTION—The contract for the rental of the new Indianapolis Convention center for the 1972 meeting of the association was reviewed and the secretary authorized to sign. This was taken by consent.

AARP NEWS BULLETIN—An item from the News Bulletin of the AARP was reviewed for the information of the committee.

Legislative Matters

Several bills which had come to the attention of the association for possible introduction at the 1971 session of the General Assembly were reviewed and, by consent, were referred to the Commission on Legislation.

MEDICAL DISCIPLINARY ACT—The

proposed Medical Disciplinary Act was again discussed and the action of the 1970 House of Delegates was reviewed. Dr. Ingram reported to the Executive Committee an opinion on the bill and, on motion of Drs. McIntosh and Dukes, this bill was to be referred back to the same committee for reconsideration and rewriting, as well as the proposed Medical Practice Act, and to be referred back to the next meeting of the House of Delegates.

On motion of Drs. Scamahorn and Hoyt the motion was amended to bring the rewrite back to the next meeting of the Board of Trustees. On motion of Drs. Kerr and Scamahorn the motion was further amended to empower the existing committee of the Board to have the legal counsel for the association rewrite these bills. The motion, as twice amended, was approved.

Malpractice

The secretary called attention to two threatened Malpractice suits in the state of Indiana and pointed out that no application for medical defense had been received as of this date.

New Business

The secretary discussed the proposal of the Indiana University Bureau of Public Discussion to begin a TV program throughout the state of Indiana on "Drug Abuse," the program to be entitled "The Turned-On Crisis." He reported that the University would like the endorsement of the ISMA and, by consent, it was taken that the association would approve the concept but would want to see the program content before officially endorsing the series.

The secretary was also instructed to inform these people that the association would be happy to publicize this program to its membership.

Future Meetings

The AMA Regional Meeting on Medicine and Religion to be held in Chicago on February 13, 1971—the chairman of the association committee was authorized to represent the association, on motion of Dr. Petrich and taken by consent.

The AMA Medical-Legal Symposium in New York on March 18-20—on motion of Drs. Hoyt and Scamahorn, the legal counsel for the association is to be informed that the association will stand half the expense for attending this meeting, if they so desire.

On motion of Drs. Scamahorn and Dukes, Dr. Petrich was authorized to attend a meeting on computer medicine which will probably be held in Chicago sometime in February.

There being no further business, the meeting adjourned to meet again at 6:00 p.m. on January 30, 1971. ◄

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WOULD BE interested in an emergency room in a hospital in or within an hour's drive of Indianapolis. Box 365, The Journal, ISMA, 3935 N. Meridian St., Indianapolis 46208.

WANTED
RESIDENT PHYSICIAN

EXCELLENT OPPORTUNITY for a doctor just starting practice or one thinking of lightening his practice, to serve in the Health Unit at The Methodist Memorial Home for the Aged, Warren, Indiana. All facilities provided — including offices, licensed pharmacy, full staff of RNs and LPNs. No outside calls or obligations. Membership of the Home is made up of 400 elderly persons. Good salary offered, plus residence and other employee benefits. Contact office of Executive Secretary, Telephone #54, Warren, Indiana, 46792.

GENERAL PRACTITIONER WANTED—to join four General Practitioner Group in young suburban community of 100,000. Tired of long hot summers — cold winters alone on call? Move to San Francisco Bay Area — mild climate. Must have California license and no military obligations. Forty-five minutes from downtown San Francisco. Salary leading to partnership. Contact — Phillip M. Loeb, M.D., Center Medical Group, 2190 Peralta Blvd., Fremont, California 94536. Telephone — (415) 793-2645.

PRISON PHYSICIAN 17

To fill immediate vacancy at the State Prison of Southern Michigan, Jackson. Salary range $23,469 to $28,731 annually. All Michigan civil service benefits. Must possess a license to practice medicine or osteopathic medicine and surgery in Michigan, plus five years of such experience. Send resume' to Mr. Richard D. Crable, Chief, Recruitment and Placement, Michigan Department of Civil Service, Lansing, Michigan 48913. (ISMJ) An equal opportunity employer.

MONTEGO BAY JAMAICA: Three bedroom, three bath villa; three servants; swimming pool; private beach; competitive rent. Nearby golf, fishing, etc. 10% off national advertised rent for ISMA members. Inquire for details: D. F. Buehner, M.D., 3700 Bellemeade, Evansville, Ind. 47715.

IN MICHIGAN—Well trained, family physician of retirement age, doing largely internal medicine and grossing over $100,000 per year, desires, competent younger man as replacement associate. Excellent hospital and office facilities, in rural area. Inquire: Box 364, The Journal, ISMA. 3935 N. Meridian St., Indianapolis 46208.

WANTED: General Practice Associate—Young physician wants to build group. 36 - 40 hours per week, $25,000 first year. One month's paid vacation. No OB. Night call every fifth night. Profit sharing, pension plan, life and disability insurance. No investment. New, quaint, European style chalet clinic close to small college in Indianapolis. Write Box 362, The Journal, Indiana State Medical Association, 3935 N. Meridian St., Indianapolis 46208.

ASSISTANT MEDICAL DIRECTOR—Preferably under age 45. Experience in practice desirable. Must be able to interpret electrocardiograms and read most x-rays. Attractive fringe benefits. At least two years full time experience with life insurance company would qualify for position of Associate Medical Director — and higher salary. John C. Baker, M.D., Medical Director, American United Life Insurance Co., Box 368, Indianapolis 46206.

LOCUM TENENS NEEDED for June, July and August, or any part thereof. Cover E. R., possibility of some inpatient and relieve in physician office. Consider intern or resident between programs or awaiting military service. Fee open. Contact Administrator, Gibson General Hospital, 1808 Sherman Drive, Princeton, Indiana 47570—Call collect 812/385-3401.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
each additional line: 50¢

Send cash with order. Average count: seven words to the line.

DEADLINE: Fifth day of month PRECEDING month of issue.

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The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

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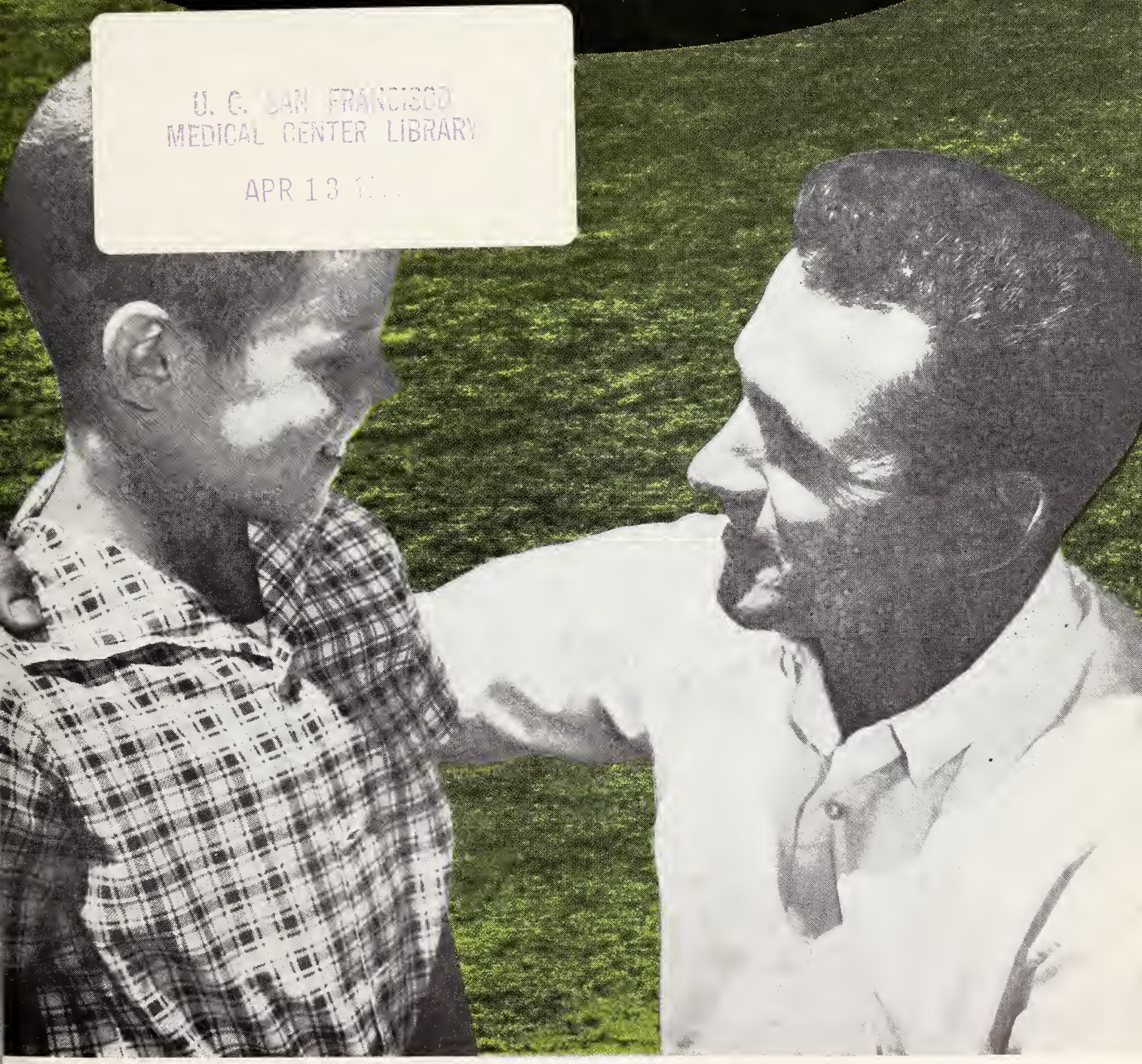
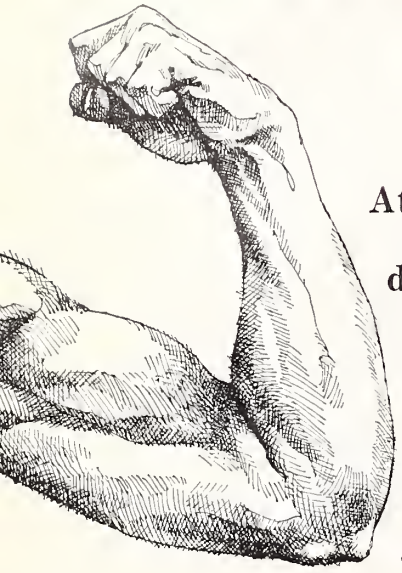


BEGINNING . . . / *Development of a Transplantation Team in Indiana*
(PART ONE)

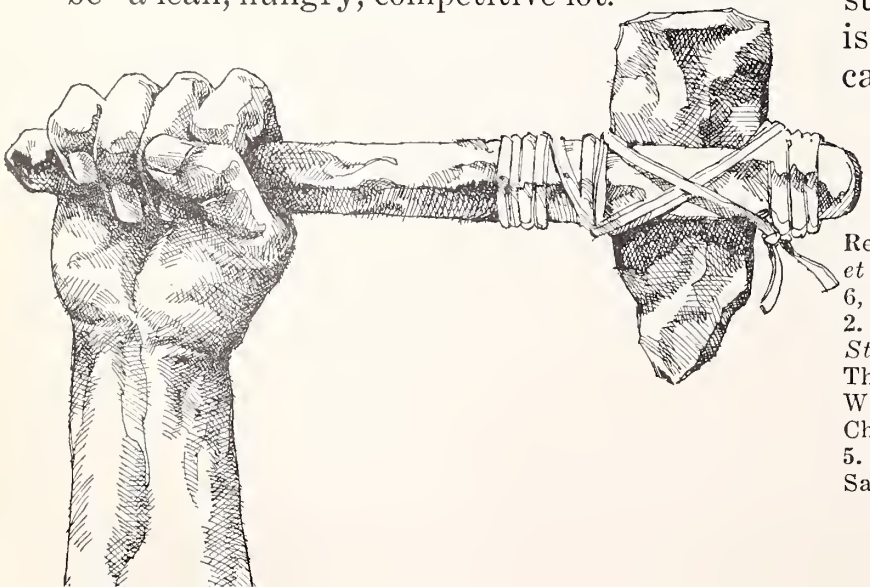
IF MORE MEN CRIED



At least seventy-five out of one hundred adults with duodenal ulcers are men.[1] Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."[2]

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."[2]

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."[3]



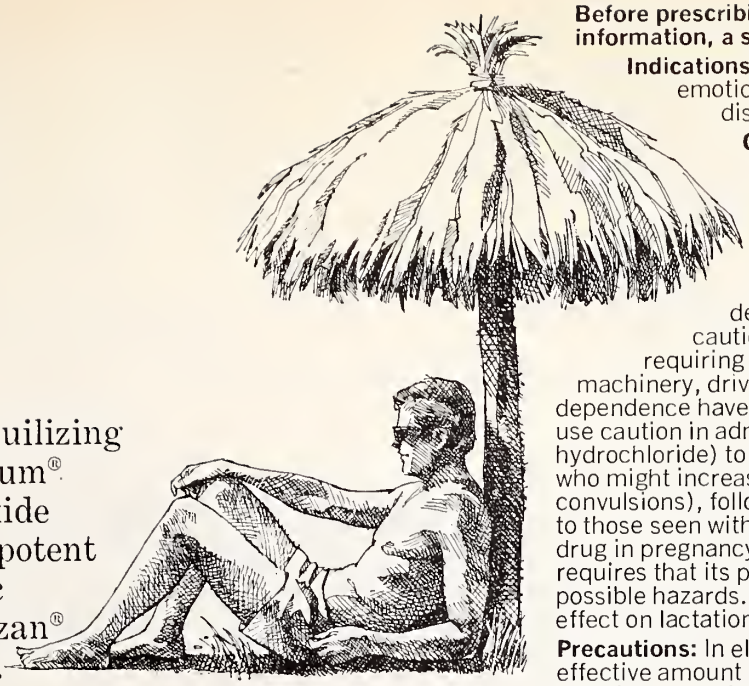
Big boys don't cry. If more men crie maybe fewer would wind up with duoden ulcers. But men will be men—the sum total their genes and what th are taught. Schottstae observes that when mother admonishes h son who has hurt himse that big boys don't cry, s is teaching hi stoicism.[4] Crying is t negation of everythi society thinks of as man A boy starts defending h manhood at an early ag

Take away stre you can take away sympton

There is no question that stress plays role in the etiology of duodenal ulc Alvarez[5] observes that many a man with ulcer loses his symptoms the day he shuts the office and starts out on a vacation. T problem is, the type of man likely to have ulcer is the type least likely to take lo vacations or take it easy at work.

The rest cure vs. the two-way action Librax.® For most patients, the rest cure as unrealistic as it is desirable. Still, t stress factor must be dealt with. And he is where the dual action of adjunctive Libr can help. Librax is the only drug that co

References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. *et al.* (eds.): *Harrison's Principles of Internal Medicine* 6, New York, McGraw-Hill Book Company, 1970, p. 1 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wo Stress and Disease*, ed. 2, Springfield, Ill., Charle Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottsta W. W.: *Psychophysiologic Approach in Medical Prac* Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W Saunders Company, 1951, p. 384.



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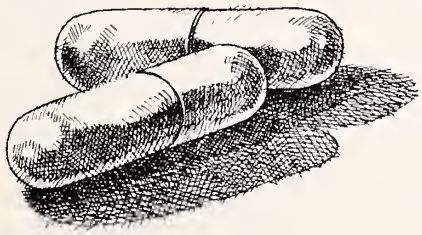

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Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, over-sedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

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MARCH 1971

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Photographs should be printed on glossy paper. Negatives cannot be used.

Illustrations are desirable. Selection of illustrations submitted at discretion of editor and editorial board members.

Contributors are responsible for all statements made in their articles. The editors and editorial board members may not be in agreement with all views expressed by authors, but it is desired to give all authors as great latitude as possible.

Articles are accepted for publication with the understanding that they are submitted for exclusive publication.

Communications dealing with editorial matter should be sent to Frank B. Ramsey, M.D., Editor, 1802 North Illinois Street, Indianapolis 46202. All other communications should be sent to THE JOURNAL of the Indiana State Medical Association, 3935 N. Meridian, Indianapolis 46208.

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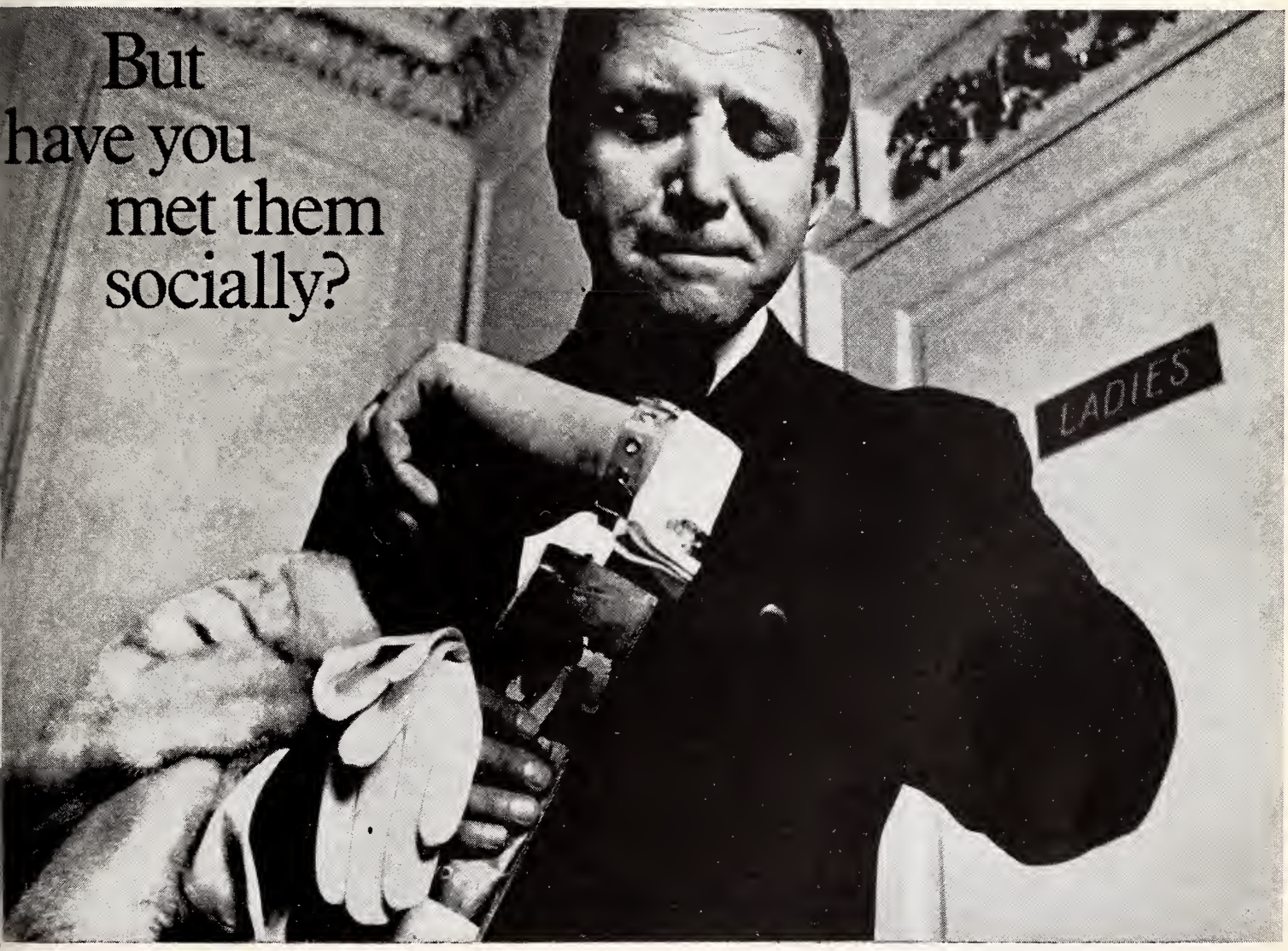

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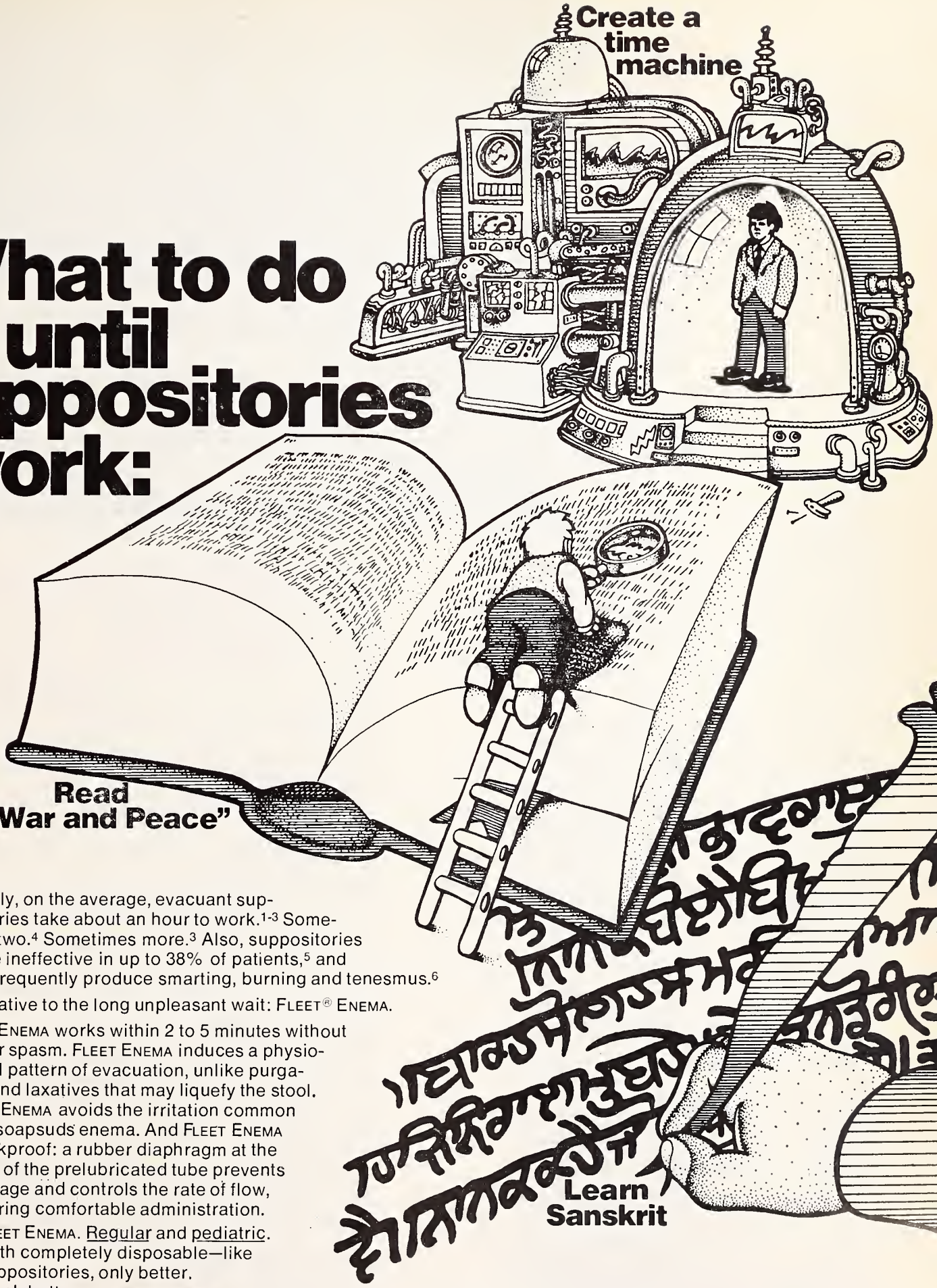

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References: 1. Blumberg, N.: Med Times 91:45, Jan., 1963. 2. Sweeney, W. J., III: Amer J Obstet Gynec 85:908, Apr. 1, 1963. 3. Weinsaft, P.: J Amer Geriat Soc 12:295, Mar., 1964. 4. Baydoun, A. B.: Amer J Obstet Gynec 85:905, Apr. 1, 1963. 5. Feder, I. A., Flores, A. and Weiss, J.: Amer J Gastroent 33:366, Mar., 1960. 6. Smith, J. J. and Schwartz, E. D.: Western J Surg 72:177, May-June, 1964.

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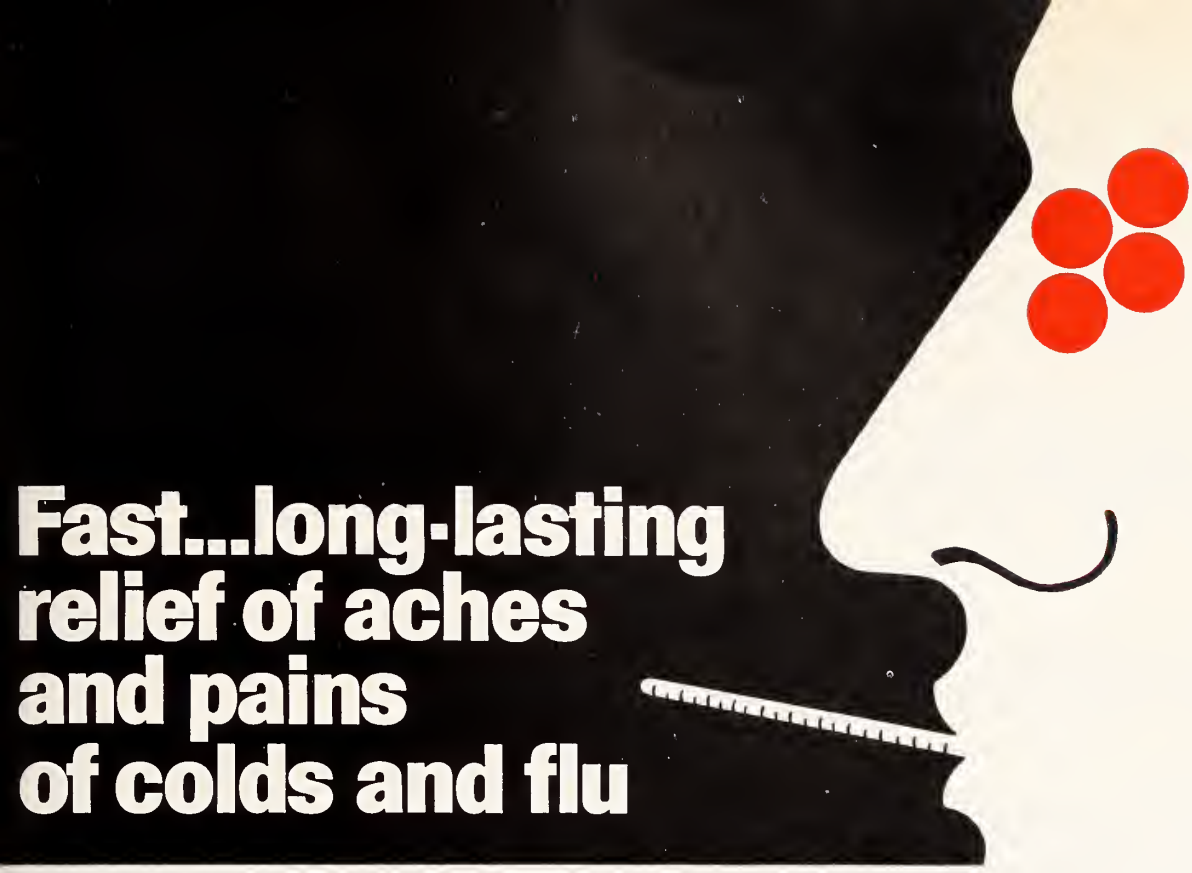

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Cleon M. Schauwecker, Greencastle, chairman; John G. Suelzer, Indianapolis; Raymond W. Nicholson, Evansville; Neal E. Baxter, Bloomington; Donald R. Shortridge, Bedford; Charles A. Rau, Columbus; William W. Drummy, Terre Haute; Howard Williams, Indianapolis; James W. Kress, Muncie; Forrest J. Babb, Stockwell; Robert M. Brown, Marion; John S. Farquhar, Jr., Fort Wayne; James D. Finfrock, Elkhart; William F. Kerrigan, Connersville; William F. Nowlin, Gary.

Sports and Medicine

Brad Bomba, Bloomington, chairman; Thomas A. Brady, Indianapolis; James H. Belt, Indianapolis; James B. Wray, Indianapolis; Gilbert M. Wilhelmus, Evansville; Arthur L. Moser, Warsaw; Garland D. Anderson, Fort Wayne; Thomas D. Foy, Fort Wayne; Leslie M. Bodnar, South Bend; Paul A. Macri, Mishawaka.

Medicine and Religion

Burton E. Kintner, Elkhart, chairman; John C. Slaughter, Evansville; Edwin B. Bailey, Linton; Hunter Soper, Indianapolis.

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

PRESIDENT NIXON promised that every effort will be made to keep bureaucracy at a minimum in connection with his new overall national health program even before he disclosed its details.

". . . WE do not want the doctors and those in the medical profession to be smothered under a whole, huge bureaucracy and under a great pile of government forms," he said in a speech at the 20th annual meeting of the American College of Cardiology prior to his acceptance of the college's 1971 Humanitarian Award.

NIXON SAID he recognized that there is no program for medical care that would be good for the patient unless it is supported by physicians and has the cooperation of the medical profession.

"SO WE WANT your advice, we want your cooperation, we want to work together with you in developing a program that will do what is needed to be done and do the best for our patients, your patients, but also that will enable you to meet your responsibilities as unhampered as is possible by federal bureaucracy, red tape and the like," he said.

"THAT is our objective and I will simply say . . . that as this debate goes on through the year I know that we will have your cooperation.

"I KNOW the dedicated men and women that are in this profession. And I can assure you that we will listen. We want your advice because, as I said in the state of the union message, we have one great goal."

IN the state of the union message, the president said: "As a fourth great goal, I will offer a far-reaching set of proposals for improving America's health care and making it available more fairly to more people.

"I WILL PROPOSE: a program to insure that no American family will be prevented from obtaining basic medical care by inability to pay.

"I WILL PROPOSE a major increase in and redirection of aid to medical schools, to greatly increase the number of doctors and other health personnel.

"INCENTIVES to improve the delivery of health services, to get more medical care resources into those areas that have not been adequately served, to make greater use of medical assistants and to slow the alarming rise in the costs of medical care.

Continued

Announcing the calculated success

Euthroid®(liotrix) puts your patient here*.

*in the euthyroid zone of the new Free Thyroxine Index** with full replacement dosag

Euthroid (liotrix) yields reliable, easily interpreted test values

Because Euthroid incorporates both active fractions of endogenous thyroid—T_4 and T_3—it overcomes the need for special interpretation of thyroid function test values.

Moreover, whatever the therapy used, ordinary tests can be thrown off by such factors as abnormal thyroid-binding protein levels, oral contraceptive use and pregnancy. A new method of assessment—the Free Thyroxine Index (FTI)**—helps eliminate these errors. By relating measurements of total and protein-bound T_4, the FTI indicates your patient's status precisely. And with Euthroid, the precision of your diagnosis is matched by the precision of your therapy.

Closest in clinical effect to human endogenous thyroid

Euthroid provides both T_4 and T_3 in the optimum *oral* ratio of 4:1 by weight and in proper mcg amounts, closely simulating endogenous thyroid in clinical effect. Dose response can be assessed unequivocally through use of the FTI—and because we want you to put Euthroid to the test *with this most rigorous of tests,* we offer you an aid to easier determination:

The Euthroidex™ calculator— for the "new math" of thyroid laboratory tests

No longer does FTI determination require you to perform lengthy mathematical exercises. With the Euthroidex calculator—another first from Warner-Chilcott—you compute it easily ...accurately... almost instantly. Send for yours now.

In thyroid therapy, Euthroid offers you the calculated success—and the calculator to go with it.

To request your Euthroidex™ calculator (with booklet explaining its use and rationale for the FTI), just write "Euthroidex" on your imprinted card, prescription blank or stationery, and mail to Warner-Chilcott, Morris Plains, N.J. 07950.

the first synthetic to replace both active fractions of endogenous thyroid

Euthroid® (liotrix)

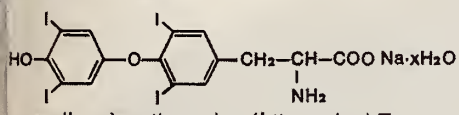
sodium levothyroxine (T_4)
sodium liothyronine (T_3)

Clark, F., and Horn, D. B.: Assessment of thyroid function by the combined use of the serum protein-bound iodine and resin uptake of ^{131}I-triiodothyronine, J. Clin. Endocrinol. 25:39 (Jan.) 1965.

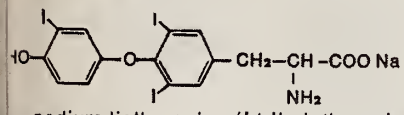
Euthroid® (liotrix)

Caution: Federal law prohibits dispensing without prescription.

Euthroid is synthetic microcrystalline sodium levothyroxine (T_4) USP and synthetic microcrystalline sodium liothyronine (T_3) USP combined in a constant 4:1 ratio.



sodium levothyroxine (*l*-thyroxine) T_4



sodium liothyronine (*l*-triiodothyronine) T_3

Actions: Euthroid provides replacement therapy for the thyroactive material normally supplied by the human thyroid. The normal thyroid gland produces and stores thyroglobulin, the active components of which are two metabolically active hormones: *l*-thyroxine and liothyronine. Euthroid (liotrix) provides a combination of these hormones in purified, synthetic form, supplied in a constant 4:1 ratio in order to simulate as closely as possible the physiologic and metabolic effects of normal endogenous thyroid secretions.

In contrast with the individual synthetic, metabolically active hormones, Euthroid will usually produce normal results for PBI, T_3, and other thyroid function tests—consistent with clinical progress—when persons with endogenous thyroid deficiencies are made euthyroid. Sodium liothyronine (T_3) acts more rapidly and for a shorter period of time than preparations of biological origin. Customarily, its use as a single agent produces inappropriately decreased PBI values. Sodium levothyroxine (T_4), on the other hand, is more tightly bound by plasma protein fractions and is somewhat slower acting than sodium liothyronine (T_3); its use as a single agent tends to produce inappropriately elevated PBI values. Euthroid, with its unvarying 4:1 ratio of T_4/T_3, permits interpretation of appropriate laboratory tests consistent with the total clinical status of the patient.

Indications: Euthroid (liotrix) provides thyroid replacement therapy in all conditions of inadequate production of thyroid hormones, namely:

1) Hypothyroidism, including cretinism and myxedema.
2) Simple (nontoxic) goiter.
3) Subacute or chronic thyroiditis including Hashimoto's disease.
4) Prevention of goiter in hyperthyroid patients undergoing treatment with thiouracil derivatives.
5) Usage in patients who may manifest intolerance to thyroid products of animal origin.

Contraindications: Acute myocardial infarction, adrenal insufficiency, hypersensitivity to any component of this drug.

Warnings: Liotrix should not be used in the presence of cardiovascular disease unless thyroid replacement therapy is clearly indicated. If the latter exists, low doses should be instituted (Euthroid-1/2 or Euthroid-1) and increased by the same amount in increments at 2-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out and adrenal deficiency due to hypopituitarism corrected before liotrix therapy is started.

If hypothyroidism and adrenal insufficiency exist concomitantly, cortisone or similar steroids should be given at dose levels sufficient to correct the adrenal insufficiency before attempting replacement therapy with thyroid hormones.

Likewise, the possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.

Myxedematous patients are very sensitive to thyroid hormones, and dosage should be started at a very low level and increased gradually.

Precautions: Hypothyroid patients are especially sensitive to thyroid preparations, and those with severe hypothyroidism may be unusually so.

Initiation of thyroid replacement therapy in patients with diabetes must be carefully monitored because of potential fluctuation in daily insulin or oral hypoglycemic requirements.

As with all thyroid preparations, this drug will alter the results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage of thyroid preparations can produce signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Initial dosage should be low and gradually increased at 2-week intervals until the desired clinical response is obtained.

Laboratory criteria of euthyroidism include a PBI of 3.5 to 8 mcg; T_3, T_4, and BEI tests are useful.

For most patients, a single daily dose of Euthroid-1, -2, or -3 will maintain euthyroidism. Transfer of a patient from a maintenance dose of another thyroid preparation to Euthroid can usually be effected smoothly. See table for initiating therapy or converting from other thyroid preparations.

Euthroid (liotrix)		Approximate Equivalents Natural	Synthetic	
Tablet	T_4*/T_3** mcg	Thyroid USP	T_4*	T_3**
Euthroid-½ pale orange	(30/7.5)	½ grain	.05 mg	12.5 mcg
Euthroid-1 light brown	(60/15)	1 grain	.1 mg	25.0 mcg
Euthroid-2 violet	(120/30)	2 grains	.2 mg	50.0 mcg
Euthroid-3 gray	(180/45)	3 grains	.3 mg	75.0 mcg

*T_4=sodium levothyroxine (*l*-thyroxine)
**T_3=sodium liothyronine (*l*-triiodothyronine)

Dosage for cretinism or severe hypothyroidism in children is the same as for adults with myxedema. Eventual maintenance dosage in the growing child may be higher than in the adult.

Overdosage: *Symptoms*—Headache, instability, nervousness, sweating, tachycardia, and unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm; chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

Treatment—Shock—Supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.

Supplied: Square W/C monogrammed tablets of four potencies, each identified by a different color (see table); bottles of 100 and 1000.

E-GP-11-4C

WARNER-CHILCOTT Morris Plains, N.J. 07950

"NEW PROGRAMS to encourage better preventive medicine, by attacking the causes of disease and injury, and by providing incentives to doctors to keep people well rather than just to treat them when they are sick.

"I WILL ALSO ASK for an appropriation of an extra $100 million to launch an intensive campaign to find a cure for cancer, and I will ask later for whatever additional funds can effectively be used. The time has come in America when the same kind of concentrated effort that split the atom and took man to the moon should be turned toward conquering this dread disease. Let us make a total national commitment to achieve this goal.

"AMERICA has long been the wealthiest nation in the world. Now it is time we became the healthiest nation in the world."

IN his budget message, Nixon said he later would send to Congress a message "that will set out a national health strategy for the seventies and propose significant changes in the federal role in the nation's system of health care."

"THIS STRATEGY will seek to expand preventive care, to train more doctors and other health personnel, to achieve greater equity and efficiency in the delivery of health services," he said. "It will include a new health insurance program for all low-income families with children."

TIGHTER PEER REVIEW, MEDICARE, MEDICAID CONTROLS SOUGHT

THE NIXON ADMINISTRATION asked Congress for tighter government control over any peer review setup for medicare and medicaid than would be provided by the so-called Bennett amendment approved by the Senate last year.

ELLIOT L. RICHARDSON, secretary of Health, Education and Welfare, told the House Ways and Means Committee:

"WE AGREE with the objective of assuring an expanded role for the medical profession in peer review activities and recognize the need for improvement of utilization review procedures. However, certain modifications in the senate provisions would be desirable. For example, we do not think that the secretary of HEW should be required to use medical-society sponsored groups in situations where there may be a highly qualified review organization in the area that has already demonstrated its ability to perform well. We also favor giving the secretary some greater flexibility to permit, through regulations, variations in the structure and patterns of operation of peer review groups."

RICHARDSON was testifying on H.R. 1 of the 92nd Congress. The social security measure includes provisions for peer review and other changes in medicare and medicaid. Both chambers of Congress passed such legislation last year but the senate added so many amendments to the house-passed bill that congressional leaders decided it would be futile for a house-senate conference committee to try to reconcile the differences. The house committee made the legislation the first order of business this year and the legislation was expected to get through Congress within a few months.

RICHARDSON again asked for authority to use health maintenance

we're all looking forward to our newest member

Did you know that a baby in a Blue Cross and Blue Shield family becomes a member at birth? Not 14 days later, but immediately, on Day One. Goes right into the parent's Family plan.

And did you know that prospective mothers and fathers, who might be inclined to worry some about upcoming bills, feel much more secure after their Blue Cross and Blue Shield card has been presented at the hospital. That lets everybody feel free to concentrate on nothing but the arrival of our newest member.

Yes, happy times go with this famous identification card. And you, too, will find it's . . .

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(One of a series of ads being run in key Hoosier newspapers)

organizations (HMO's), or prepaid group practice, for the government programs. He also renewed a request for authority to limit physicians' fees and other provider costs under medicare. Both provisions were approved in varying forms by the house and senate last year, and consequently it appeared likely that some versions of them, along with peer review, would become law in the first half of this year.

RICHARDSON SAID HMO's would mean progress toward "our goal of emphasizing preventive medical care." He added:

"WE believe that HMO's can help solve many of the problems facing the health care system today—the uncontrolled rise in health care costs, over-utilization, particularly of high cost services, disorganization, improper allocation of resources, inadequate emphasis on preventive care and inefficient use of available health manpower. In the long run, the encouragement of HMO's may be the most important step we can take to stimulate the restructuring of the health delivery system. We hope that health maintenance organizations, and their use by beneficiaries, will expand greatly in the future, and we believe that there can be significant long-run savings in program costs due to the HMO option."

CONCERNING the proposed limitation on increases in physicians' fees, Richardson said:

"ANOTHER MAJOR change relating to medicare reimbursement that is recommended by the Administration is one which would limit medicare's recognition of prevailing charge increases to rates that economic data indicate would be fair to all concerned. We believe that if recognition of fee increases is tied to appropriate economic indexes, this will help to assure that the recognition of such increases is appropriately related to developments in other pertinent sectors of the economy."

ADMINISTRATION sources said HEW later would seek authority for other economy measures to cut medicare costs. These included:

—Reduction of the 60-day period of hospitalization during which beneficiaries pay relatively little.

—Increase the annual $50 deductible a beneficiary must pay toward his physician's fees under Part B.

—Tighten up on payments to nursing homes for custodial care.

THE American Nursing Home Association already has withdrawn official support of the medicare program for extended care and has urged its more than 7,000 nursing home members to reassess their participation.

"THE TRAGIC ASPECT of the medicare program for extended care is that the Social Security Administration led America's senior citizens to believe that, if their physicians thought it necessary, they were entitled to 100 days of custodial care at government expense," David R. Mosher, ANHA president said. "Subsequent rules and regulations issued by SSA have virtually ruled this out."

VD COMMISSION APPOINTED BY HEW

A NATIONAL COMMISSION on Venereal Disease has been formed to alert the public

Continued

to the dangers of gonorrhea and syphilis which now afflict an estimated more than 2 million Americans.

DR. BRUCE WEBSTER, New York City, president of the American Social Health Association, was named chairman of the commission which was created by the Department of Health, Education, and Welfare to consider the problems of syphilis and gonorrhea from a national standpoint, study ways of bringing public health and private medicine into closer working relationship, and make recommendations for bringing the two diseases under control.

THE COMMISSION, in seeking to define a national strategy for the better control of the venereal diseases, will submit its recommendations to the various professional groups represented on the commission, as well as to HEW.

DR. ROGER O. EGEBERG, HEW assistant secretary for Health and Scientific Affairs, designated the Center for Disease Control, Atlanta, to provide staff support for the commission.

"IN 1968, a national incidence survey conducted by the American Social Health Association for the Public Health Service found that although private physicians treat about 80 percent of the venereal disease cases, they report only one in nine to public health officials," Dr. Webster said. "We believe that this commission will serve as the long-needed link between public health and private medicine."

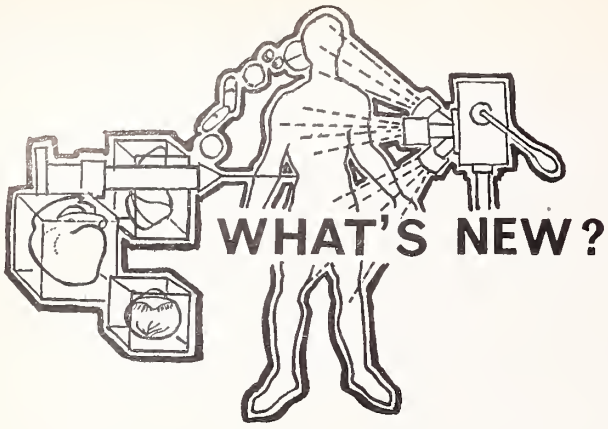
ESTIMATING about 2 million cases of gonorrhea and 75,000 cases of infectious syphilis in the United States last year, the ASHA, which has waged continuing campaigns against the diseases since World War I, said VD had reached pandemic proportions for the third time. The two previous times were at the close of the world wars. Dr. Jesse Steinfeld, Surgeon General of the U.S. Public Health Service, said gonorrhea has gotten "out of control and must be considered a national epidemic of major proportions." Dr. James McKenzie-Pollack, ASHA medical director, said that "for the first time in the penicillin era, we are seeing serious clinical complications of gonorrhea in the female."

EVEN WITH ONLY a small fraction of VD cases reported, gonorrhea ranks first and syphilis fourth among reportable diseases in the U.S.

EARLY in 1969, ASHA was asked by the American Medical Association, National Medical Association, and American Osteopathic Association to covene 23 health and medical organizations for the purpose of discussing a national VD prevention and control policy. Out of the meeting which followed came the plan for a national commission.

THE following professional organizations are represented on the commission:

AMERICAN ACADEMY of Dermatology, American Academy of General Practice, American Academy of Neurology, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, AMA, ASHA, American Public Health Association, AOA, American Urological Association, American Venereal Disease Association, Association of American Medical Colleges, and NMA. ◄



"Teaching About Drugs" is a comprehensive illustrated guide developed by the American School Health Association and the Pharmaceutical Manufacturers Association. Its objectives are to develop: (1) Proper attitudes toward health and factors in the environment. (2) Knowledge about the pharmacologic action of drugs, and (3) Insights on solving problems, making decisions, and how to meet social situations. It is available, at the cost of $4.00 per copy, by writing the American School Health Association, P. O. Box 416, Kent, Ohio 44240.

* * *

Successful treatment of a Vietnamese girl, bitten by a bamboo viper (a pit viper), by the use of Wyeth's Antivenin (Crotalidae) North and South American Antisnakebite Serum has called attention to this antivenin which is specific for the poison of almost all pit vipers throughout the world. Wyeth also produces Antivenin (Micrurus Fulvius) North American Coral Snake Antivenin.

* * *

Eaton Laboratories will market Dopar®, the Eaton name for levodopa. Despite maximum development work for production of the drug, shortages may develop in the early stages of its clinical use because of the large number of patients for which it may be suitable. DOPAR will be dispensed in capsule form, 100 mg (opaque green), 250 mg (opaque green and white), and 500 mg (opaque green).

* * *

General Electric has issued a 12-page booklet containing suggestions and recommendations on how to establish an ICU/CCU monitoring facility. It includes suggestions for organizing the planning committee, on how to determine the size of the unit, and on how to decide on type of equipment. Ask for Pub. No. 4229 by writing to General Electric, 4855 Electric Ave., Milwaukee 53201.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

Brief Summary of Prescribing Information—9-9/22/69. For complete information consult Official Package Circular.
Indications: Essential hypertension. Use cautiously in patients with renal insufficiency, particularly if they are digitalized.
Contraindications: Anuria, oliguria, active peptic ulceration, ulcerative colitis, severe depression or hypersensitivity to its components contraindicates the use of Salutensin.
Warnings: Small-bowel lesions (obstruction, hemorrhage, perforation and death) have occurred during therapy with enteric-coated formulations containing potassium, with or without thiazides. Such potassium formulations should be used with Salutensin only when indicated and should be discontinued immediately if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occurs. Use cautiously, and only when deemed essential, in fertile, pregnant or lactating patients. *Use in Pregnancy:* Thiazides cross the placenta and can cause fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly electrolyte disturbances. Fatal reactions may occur with reserpine during electroshock therapy; discontinue Salutensin 2 weeks before such therapy. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Azotemia, hypochloremia, hyponatremia, hypochloremic alkalosis and hypokaliemia (especially with hepatic cirrhosis and corticosteroid therapy) may occur, particularly with pre-existing vomiting and diarrhea. Potassium loss or protoveratrine A may cause digitalis intoxication. *Potassium loss responds to potassium-rich foods, potassium chloride or, if necessary, discontinuation of therapy. Stop therapy if protoveratrine A induces digitalis intoxication.* Serum ammonia elevation may precipitate coma in precomatose hepatic cirrhotics. Discontinue therapy 2 weeks before surgery or if myocardial irritability, progressive azotemia or severe depression occur. Exercise caution in patients with chronic uremia, angina pectoris, coronary thrombosis or extensive cerebral vascular disease *or bronchial asthma* and in those with a history of peptic ulceration or bronchial asthma; in post-sympathectomy patients; in patients on quinidine; and in patients with gallstones, in whom biliary colic may occur. Patients who have diabetes mellitus or who are suspected of being prediabetic should be kept under close observation if treated with this agent.
Adverse Reactions: Hydroflumethiazide: Skin rashes (including exfoliative dermatitis), skin photosensitivity, urticaria, necrotizing angiitis, xanthopsia, granulocytopenia, aplastic anemia, orthostatic hypotension (potentiated with alcohol, barbiturates or narcotics), allergic glomerulonephritis, acute pancreatitis, liver involvement (intrahepatic cholestatic jaundice), purpura plus or minus thrombocytopenia, hyperuricemia, hyperglycemia, glycosuria, malaise, weakness, dizziness, fatigue, paresthesias, muscle cramps, skin rash, epigastric distress, vomiting, diarrhea and constipation. *Reserpine:* Depression, peptic ulceration, diarrhea, Parkinsonism, nasal stuffiness, dryness of the mouth, weight gain, impotence or decreased libido, conjunctival injection, dull sensorium, deafness, glaucoma, uveitis, optic atrophy, and, with overdosage, agitation, insomnia and nightmares. *Protoveratrine A:* Nausea, vomiting, cardiac arrhythmia, prostration, blurring vision, mental confusion, excessive hypotension and bradycardia. (Treat bradycardia with atropine and hypotension with vasopressors.)
Usual Dose: 1 tablet b.i.d.
Supplied: Bottles of 60, 600, and 1000 scored 50 mg. tablets.

Salutensin®
hydroflumethiazide, 50 mg./reserpine, 0.125 mg. protoveratrine A, 0.2 mg.

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The antihypertensive therapy that is easy to live with.*

When successive blood pressure readings confirm essential hypertension, consider Salutensin for:

Easy-to-live-with control. Gradual reduction of blood pressure leading to decisive, comfortable control is the common clinical response.

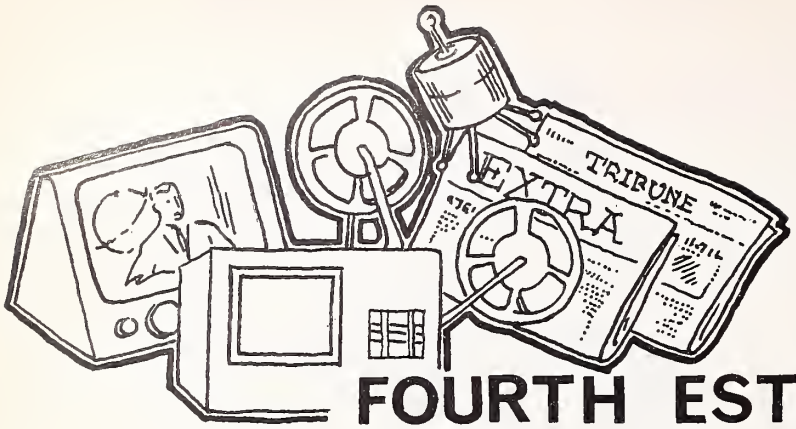
*Salutensin is usually well-tolerated (however, serious side effects can occur; see adjacent column for brief summary of prescribing information).

Easy-to-live with dosage. Two tablets a day usually achieves control. One to two tablets a day often maintains control without need for additional antihypertensive agents.

Easy-to-live with cost of therapy. The one to two tablets a day maintenance dose makes Salutensin economical to stay with. Important, because long-term control calls for long-term therapy.

Salutensin®

hydroflumethiazide, 50 mg./reserpine, 0.125 mg. protoveratrine A, 0.2 mg.



FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Humanitarian Effort

The year is 1979, the scene is a local hospital, the occasion is the birth of a baby.

The baby is a healthy, bouncing one, its arms, legs, hands and feet are intact, it has normal reaction, there is indication that the child is perfectly normal in every respect. The mother is doing nicely. The parents are happy. The child is their first. They have a room ready at home for the newcomer.

A happy picture — very happy indeed. And it will happen, maybe not in 1979. Maybe it will be a year or so sooner, or a year or so later, but it will happen. Also, it is not unlikely that it will happen more than once.

All of this will come about because virtually every medical doctor and virtually every registered nurse in Lawrence County gave of their valuable time, back in 1971, to provide rubella vaccinations for nearly 5,000 Lawrence County children — guarding against one of life's greatest tragedies — birth defects.

No one will ever know what child, born seven, eight or more years from now, would have been deformed or mentally retarded had the rubella clinics not been conducted in schools throughout Lawrence County back in 1971. But the incidence of rubella — or German measles — is of such frequency that cases of malformed children would have been more than possible when the children vaccinated last week begin to bear children.

We hope that the people of Lawrence County have adequate appreciation for what the doctors, nurses and others of the county have done for them. And when we say "them," we mean all of the people, not just those who will be relatives of babies born in the future.

Actually, the benefits of the clinics are instantly with us, and our preceding paragraphs relate only to those children who received the vaccinations, and their future offspring. Immediate benefits will come to young mothers-to-be who are now unprotected against rubella through greatly reduced chances of an epidemic. With more than 90 per cent of all Lawrence County school children from kindergarten age through age 12 protected, there is little chance for a rubella epidemic to develop. And if today's children do not, because of vaccinations, become carriers of the disease, those young unprotected mothers have less exposure to the disease.

The great humanitarian aspects of the rubella clinics are, without doubt, the primary considerations, and the main reason no doubt that doctors and nurses gave of their time.

But, aside from this factor, if one were to put a monetary value on the program, it would be a staggering sum. Rubella vaccinations, in the doctors office, average about $7 each, we are told. At that rate, the nearly 5,000 shots given in the clinics were worth about $35,000.

We strongly commend all of the doctors and nurses who participated, the organizations which sponsored the clinics, and any others who contributed to their success.

There were 5,304 children in Lawrence County schools in the age group of kindergarten through 12 years. There were 4,738 vaccinations administered. That's a few tenths of one per cent short of 90 per cent. In other words, nine of every ten children were vaccinated in the clinics. Some of the remaining 10 per cent doubtless have received vaccinations in doctors' offices.

A great achievement, we feel, and something to which we may point with pride when we brag about the communities in which we live. We have medical people who care about people.—*The Bedford Daily Times-Mail*, Feb. 5, 1971.

A Fort Wayne Drug Program

Fort Wayne's efforts to provide a coordinated community approach to the problem of drug abuse has obviously worthy goals, but contains a number of considerations requiring careful thought and planning.

The first meeting last week of the Interagency Drug Abuse Council, attended by representatives from a variety of local organizations and offices, got off to a generally enthusiastic start which was tempered by some reservations over direction and effectiveness. The council is in

the process of setting up task forces to consider various aspects of local drug abuse, and a second meeting is scheduled for later this mouth.

The project has the advantage of a relatively early start before a crisis effort is necessary. Although drugs have become a matter of concern here, the dimensions of the situation aren't entirely clear.

The council could provide a valuable service by determining the scope and nature of actual drug abuse in the area, apart from experimentation or occasional use.

In getting the council's program under way, it will be important to avoid a possible polarization about how broad it should be, and the approach to education, prevention and treatment. There were indications at the first meeting that there may be some disagreement over which drugs should get the most attention. There also is likely to be considerable debate over educational programs, including who should provide them and what they should be designed to do.

The ultimate criterion for any program the council develops won't be how well the community likes it or how parents accept it, but whether it appears realistic and attractive to potential and actual drug users. For the most part, that means youths.

A drug program is dealing with a highly specialized social problem and can't simply be imposed on persons it is trying to inform or help. Most drug programs are greeted with a good deal of skepticism, especially among youths likely to try or use drugs. Anti-drug campaigns usually are considered hypocritical by young persons who see parents and other adults abusing tobacco or alcohol.

The Fort Wayne Medical Society has assumed the leadership for a project which can absorb a tremendous amount of time, effort, and study. Interest and enthusiasm are vital, but not necessarily sufficient. There have been many starts on many subjects by many groups in Fort Wayne, with all too little to show for it. This one needs to be different.—*Fort Wayne Journal-Gazette*, Dec. 1, 1970.

Proposal For Tax Slavery

A sweeping program to establish national health insurance on a compulsory basis has been introduced in Congress. The nation is set for the last long plunge into the depths of a welfare state. It is up to the citizens of the United States, as taxpayers and voters, not to succumb to the sugarcoating on the bitter pill of statism that proponents of national health insurance hope the people will now swallow.

Advocates of the national health insurance proposal estimated upon introduction of the measure, that it would cost Americans $40 billion a year. Only the most gullible will find it possible to accept the cost figures of those who sponsor the proposal. In the past, estimates have been woefully short. A tone of reality has entered the national health insurance debate with the sharp rejection of the plan by Mr. John G. Veneman, undersecretary of Health, Education, and Welfare. On the question of costs, Mr. Veneman comments, "Actuarial estimates from the Social Security Administration indicate that the total expenditures under this bill in the year 1974, which would be the first full year of its operation, would come to $77 billion. . . This is equal to about half the total present general revenues of the federal government and would be equivalent to a federal health tax of over $1,000 per year for every household."

Mr. Veneman further commented, "There are those who insist that the present system is sound and should be left alone. Others demand that we throw out the baby with the bath water and replace our pluralistic health enterprise with some monolithic scheme in which the federal government controls everything . . . ." Mr. Veneman thinks both extremes are wrong. He believes, "the role of the federal government in part is properly to do what the private sector cannot do . . ." This is the heart of the expanded health care plan that has been recommended by the American Medical Association and is known as Medicredit.

National health insurance can be far more than a mere health plan. It can be a device for altering the economic and political system of the United States and, as the cost of the current proposals indicate, could threaten virtually every American family with a form of tax bondage that amounts to slavery.—*The Suburban & Lawrence Journal*, Dec. 3, 1970.

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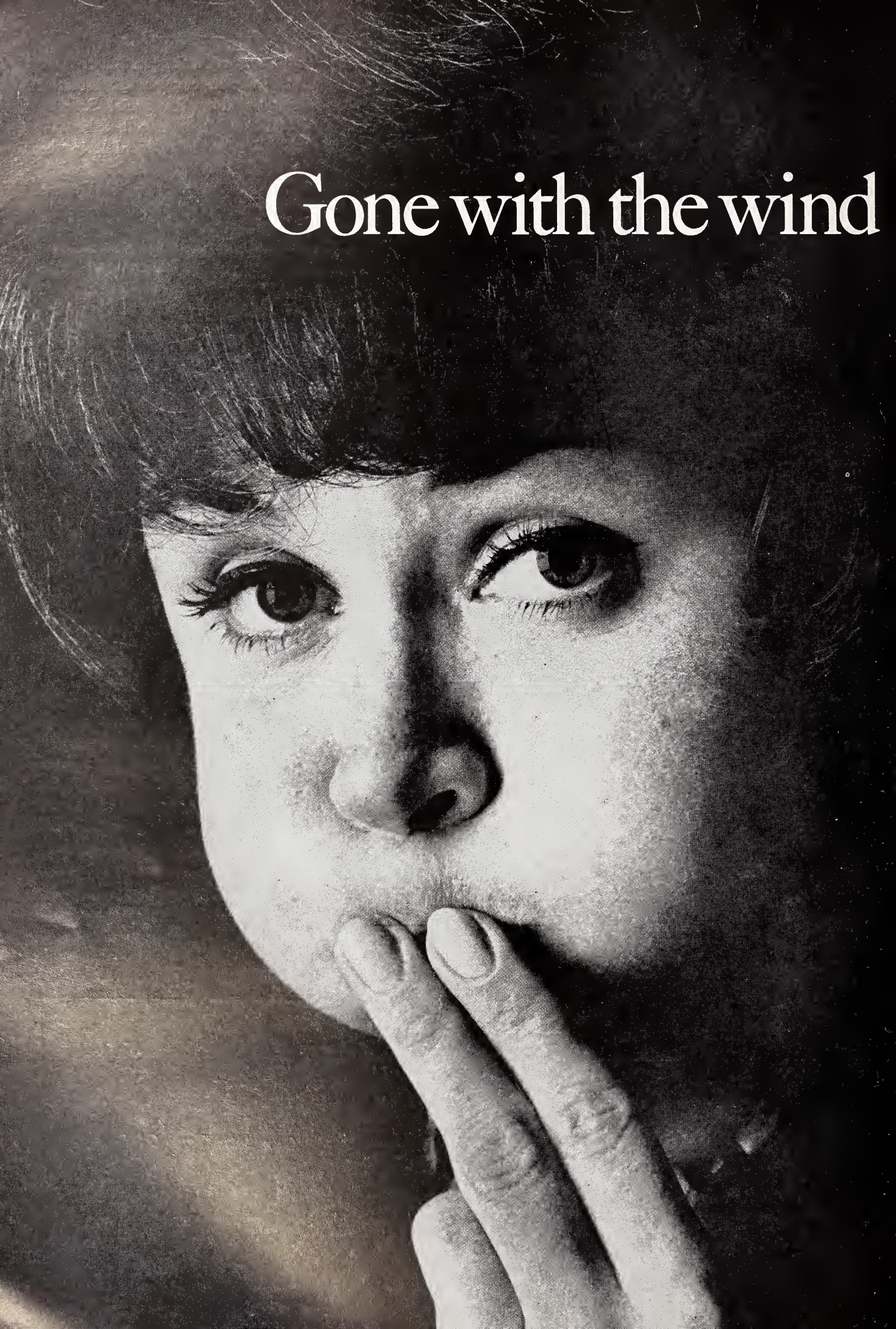
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*Slanger, A.: Med. Times *94*:150 (Feb.) 1966.

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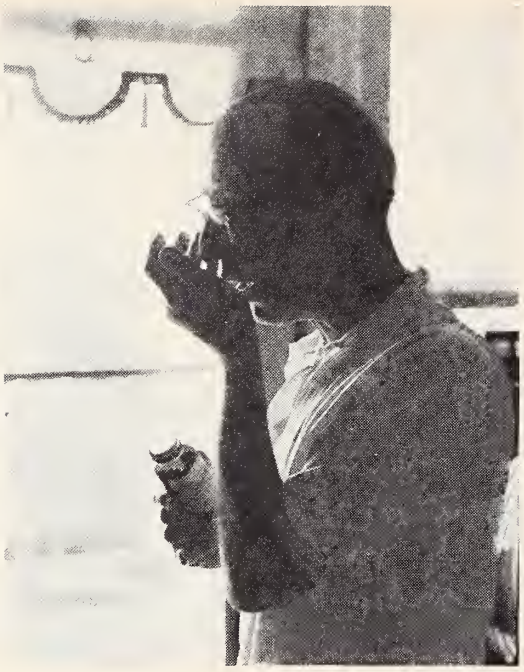

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References:
1. Duvoisin, R. C., *et al.*: *Trans. Amer. Neurol. Assoc.*, *94*:81, 1969. 2. Cotzias, G. C.: *J.A.M.A.*, *210*:1255, 1969.

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From *The Journal* 50 Years Ago

In the past, to relieve epilepsy, skulls have been opened to allow evil spirits to escape, while at the present time decompression is practiced to relieve increased intra-cranial pressure. The internal carotid artery is constricted for a similar reason and the brain is explored for the removal of tumor growths or scar tissue formations that are said to produce some special form of irritation which causes epileptic attacks. The head alone, however, does not suffer from such activity for almost every organ or part of the body has been excised or subjected to similar procedure with some such purpose in view. The bowels, for example, are often looked upon with great suspicion. Having an intestinal tract which quite often is the seat of various disorders, the epileptic is not only purged, dieted and given a good dose of worm medicine, but is just as apt to have his appendix removed or colon permanently opened to the outside world where it may be flushed and emptied at will. Almost every operation known, in fact, has been practiced for the relief of this condition.

Surgery alone, however, does not have a monopoly on the things said and done for the relief of epilepsy. Other branches of medicine as well contribute to our fund of knowledge of the subject. In the field of therapeutics, almost every drug known has, at some time or another been recommended as a curative measure in this disorder. Bacteriology, with its rise to importance in the science of medicine, has offered more than one germ, each of which at the time discovered was thought to be the causative specific organism sought for. Pathological examinations of the brains of epileptics after death have revealed occasional different forms of lesions, including tumor growths, isolated placques of sclerosis, or degenerative changes in the cortical cells, each of which has been thought to have a particular bearing in this disorder. . . . "The Significance of Epilepsy," Chester Adam Marsh, M.D., Newcastle, *JISMA*, March 1921.

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 64 — March 1971 — Number 3

Development of a Transplantation Team in Indiana*

Part One

JOHN P. DONOHUE, M.D.
JOHN GLOVER, M.D.
Indianapolis

I. Historical Aspects

PATIENTS in chronic renal failure prior to 1965 were treated in this state with peritoneal dialysis during their diagnostic evaluations. There was no facility for chronic hemodialysis established although the purchase of a dialysis machine had been made just prior to this. Also, a single attempt at renal transplantation in 1964, between identical twins, resulted in technical failure at the vascular anastomosis.

Further attempts at transplantation were not undertaken until later in 1965. At that time the pre-existing faculty of Dr. George Lukemeyer, Professor of Medicine, who had an interest in renal disease, and Dr. Harold King, Professor of Surgery, with an interest in vascular disease, formed a nucleus to work with Dr. John P. Donohue, who had recently arrived at the Indiana University Medical Center after training in Boston. His training at Massachusetts General Hospital brought him in contact with the largest transplant center in the country and therefore reconsideration of renal transplantation in Indiana seemed feasible.

There were seven renal transplants accomplished in the latter half of 1965 and the beginning of 1966. Their medical management for chronic renal failure was peritoneal dialysis. The need for a chronic hemodialysis facility was underscored because of the inherent complications of prolonged peritoneal dialysis, such as chronic infection and unsatisfactory dialysis due to technical problems within the peritoneal cavity. Since the need for a chronic hemodialysis facility to maintain those in chronic renal failure was evident, the Department of Medicine, under the direction of Dr. John Hickam, enlarged and actually created a division of renal medicine which included within it space and funding for a chronic hemodialysis unit.

Dr. Kent Bradley was the first arrival from the University of Florida, followed by Dr. Stewart Kleit, who had completed his service obligation following a residency at I.U.M.C. These two were later joined by Dr. Dana Shires, also of Florida, and Dr. Richard Hamburger of Georgetown University. Therefore, the acquisition of four full time nephrologists to the medical staff at I.U.M.C. made the management of patients in chronic renal failure a reality. Their development of a chronic hemodialysis unit, both at the Veterans Administration Hospital and at the I.U.M.C. campus, insured a backlog of poten-

* To be published in three consecutive issues of *The Journal*, "Development of a Transplantation Team in Indiana" is the work of 12 persons connected with the Indiana University Medical Center and the Veterans Administration Hospital at Indianapolis, as follows: Angenieta A. Biegel, M.D., Kent P. Bradley, M.D., Alexander DeQuesada, M.D., John P. Donohue, M.D., Chaplain Albert A. Galloway, John Glover, M.D., Richard J. Hamburger, M.D., Stuart A. Kleit, M.D., Toner M. Overley, M.D., Dana L. Shires, M.D., Rava L. Stock, B.S., and Chaplain John A. Whitesel.

tial recipients for renal transplantation.

The next most pressing need was the establishment of an immunology laboratory for tissue typing. Prior to this the only typing was of the erythrocyte series (ABH typing). Lymphocyte typing became evident as a virtual necessity for better prognostication of acceptability of organ transplants, particularly kidney transplants. Thus it was that Dr. Angenieta Biegel was funded to get further experience in the laboratory of Dr. Bernard Amos at Duke University, Doctor Amos is one of the leading figures in the world in the area of lymphocyte typing and Doctor Biegel was able to learn his techniques and share in the instruction of a technician, Mrs. Rava Stock, who became proficient in this. Her return and development of a typing laboratory at I.U.M.C was the next large step forward in the development of our transplantation team here in Indiana.

A necessary requirement in any smoothly functioning transplant service must be the formation of a representative transplant committee. The details and working of this committee will be discussed further under a separate heading. The essential parties in any transplant team are the surgeons who do the transplantation, the medical men, usually nephrologists, who support the patients, both pre-operatively and post-operatively, by managing their hemodialysis and diagnostic evaluations to a large extent, psychiatrists who are necessary in the evaluation of both the patients themselves and the families of these patients, immunologists who must do the laborious tissue typing (not only of the patient but again of the patient's entire family, if possible, to obtain the best genetic profile), hospital administrators, hospital chaplaincy staff, genetics service, pathology and physiology representatives from basic sciences, and a recording secretary. The advantages and actual necessity of such a committee will be pointed out subsequently.

The current physical plant in support of the renal transplantation team at I.U.M.C. includes two basic medical units in three basic operative or surgical areas. The medical units are at the University campus proper, comprising a three-bed hemodialysis unit in the Phase 1 New Hospital under the direction of Doctor Kleit, and a larger 10-bed unit on the third floor of the Cold Springs V.A. Hospital. The latter is under the direction of Dr. Kent Bradley, Chief of Nephrology at the V.A. Hospital. The surgical areas include the operating facilities at I.U.M.C. on West Michigan Street, the V.A. Hospital on West Tenth Street, also in the Medical Center campus, and the operating areas of Marion County General Hospital. Lastly, post-operatively, all patients go to the third floor in the Cold Springs V.A. Hospital to what is called the "transplantation ward." In the interests of efficiency and convenience, all transplant patients are put under one roof, as it were, where they will be more readily observed by the nephrology staff at Cold Springs Hospital as well as by the resident staff assigned there. Dr. Dana Shires is the medical person primarily responsible for the post-operative medical management of the transplant patients and Dr. John Donohue and Dr. John Glover are the surgical representatives primarily responsible for their care. There is also a rotation of residents from the services of the senior staff men who cover these patients as well.

Flow Sheet For Patient Admitted to I.U.M.C. in Chronic Renal Failure

1. Patient referred to I.U.M.C. in chronic renal failure.

2. Patient accepted at I.U.M.C. — V.A. Medical or Surgical Services. Workup begun.

3. Evaluation as to precise diagnosis undertaken; metabolic studies, including clearances, a urology workup, and often renal biopsy, obtained.

4. Patient and data presented to transplantation committee. Medical, urologic, tissue typing, psychiatric interview, and other findings presented to committee in detail.

5. Patient either accepted for transplantation or rejected as medically unqualified.

   (a) If accepted, an arteriovenous shunt is placed in the patient's arm and he is referred to either I.U.M.C. or V.A. Hemodialysis Unit for further chronic care.

   (b) If rejected as medically unqualified (no financial disqualifications have occurred), the patient is then returned to the care of his referring physician with a complete evaluation record stating the reasons for disqualification.

6. Patient carried on chronic hemodialysis while awaiting kidney donor. If a relative is available and willing, tissue typing is begun on both the patient and his family. Otherwise, without a family, the patient awaits a cadaver donor who is typed when the neurosurgeons suggest that a potential cadaver's condition is hopeless.

7. The patient ultimately receives a kidney transplant.

   (a) If it is a successful transplantation, he is hospitalized for a period at Cold Springs Hospital and then discharged to return to a full work week. Outpatient visits are scheduled through the renal service at Cold Springs Hospital.

   (b) If the transplant fails for technical or rejection causes, the homograft is surgically removed and the patient returned to his

former spot on chronic hemodialysis. In other words, we have a lifetime commitment to every patient on chronic hemodialysis and they do not lose their place on the program because of a failure in kidney transplantation.

Transplantation Committee

1. *Purpose*

The Transplantation Committee was a necessary evolution in the development of a smoothly working transplantation team. The many disciplines involved in renal transplantation inherently consist of people physically removed from one another during their daily work. Nephrology, immunology, surgical, physiology, pathology, and administrative efforts are usually conducted in separate buildings and by those who rarely would meet under ordinary circumstances. It became necessary for these usually separated disciplines to get together at least once weekly to discuss mutual patients, plans and problems. Therefore, it was most efficiently constructed as a working noontime lunch conference, thus serving as a practical forum.

2. *Advantages*

(a) The responsibility in patient evaluations, selections and rejections for admission to the chronic dialysis-transplantation program was effectively shared by the development of a committee. The burden of final selection or rejection must be shared, not only for the protection of the patient, but also for the physician. No one person should want such an awesome responsibility and, in truth, no one possesses the ability to consider a single patient from the many different angles from which he must be viewed before final judgment is made.

(b) A committee gives greater depth to the evaluations of individual patients as well as to their therapy. Each represents a highly trained specialist in his field who can bring to bear his or her own respective talents and focus this expertise in the care of a single patient.

(c) Communications are necessarily improved among team members. Differences and speculations can be aired freely.

(d) A more unified voice representing transplantation at the University can evolve from such a committee. This helps in seeking public and administrative support.

3. *Results*

This Committee has been a signal success. "It is a prototype of what interdisciplinary teamwork can do," said Dr. John Hickam prior to his death last year. Formerly separated groups and interests have joined to further a single new cause. The impressive results speak for themselves.

Surgical Aspects

I. Surgical considerations revolve around, first, the donor nephrectomy; and, second, the implantation of the donor kidney into the awaiting recipient.

The donor nephrectomy has a number of features peculiar to it which deserve comment. First, in obtaining consent, the risks, likelihood of rejection in the recipient, and attendant possible risk because of a solitary remaining kidney must be very frankly reviewed, so as to have the full understanding of the donor. Next, the incision varies. An eleventh rib flank incision is done in a living donor with the donor placed in the lateral position. However, a chevron subcostal incision is made with the cadaver donor being supine.

The nephrectomy itself is more like a radical nephrectomy than a simple nephrectomy, in that the renal vessels are dissected out much more completely to and around their origin from the aorta and vena cava respectively. Also, the ovarian (or testicular) veins, the adrenal veins, and any venous variations must be precisely ligated and divided in order to have single vessels at the time of nephrectomy suitable for anastomosis into the donor. Furthermore, the ureter must be dissected down to the iliac vessels or below to the pelvic brim prior to division.

Timing is of the essence in this nephrectomy. The kidney is not removed until the recipient hypogastric artery and iliac vein dissection has been completed in the adjoining operating room and the recipient's surgeon specifically gives clearance to proceed with nephrectomy. At this time vascular clamps are applied to the central great vessels and the renal vessels are sharply divided, usually at their origin from the great vessels. The kidney is then placed in an iced saline slush solution immediately in order to reduce the warm ischemic time to a minimum. Prior to this, many centers also have the donor prepared with a Heparin solution and a Mannitol infusion drip. This keeps the small intrarenal vessels patent and aids in immediate perfusion at the time of transplantation.

With the kidney in the basin of saline slush, any further vascular dissection, such as trimming, etc., can be done under a spotlight with the surgeon comfortably seated while the organ itself remains in iced saline. Then the kidney is transported, immersed in this basin of iced saline, to the adjoining operating room where it is removed and immediately sewn into the waiting recipient. (Technical aspects of this will be mentioned shortly.)

The origin of the renal arteries

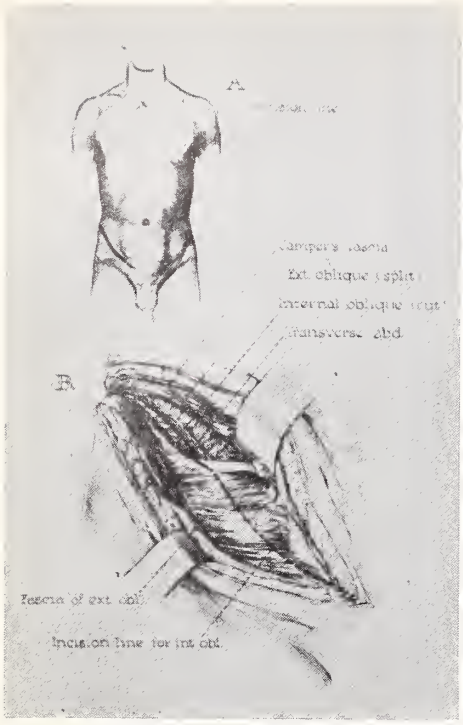

FIGURE 1

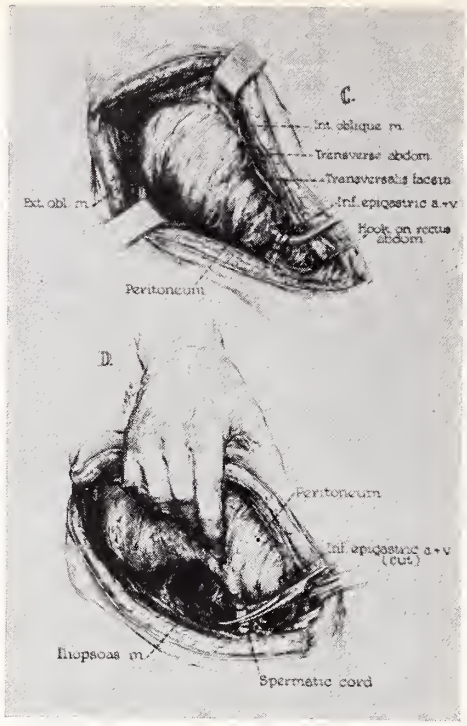

FIGURE 2

and veins in the donor are then secured by ligature and suture ligature. (Occasionally in removing the right kidney the short right renal vein is not long enough and therefore a generous cuff of vena cava is also removed, together with the right renal vein. This requires a running suture to the vena cava which has been secured in a large vascular clamp. This is usually done with a running 4-0 or 5-0 vascular suture). The muscles are closed in the usual fashion following nephrectomy and the wound drained for 24 hours.

II. The recipient is being prepared for implantation of the kidney while the donor nephrectomy is being done, except in cases in which a cadaver kidney has been removed and chilled while the recipient is on the way to the hospital. The selection of the iliac fossa as a site for transplantation provides access to several larger vessels for anastomosis and avoids the difficulties of exposure attendant to working deep in the abdomen or flanks, the kidney's natural habitat. A Kocher incision is made and the peritoneum and its contents swept away from the iliac fossa, thus providing quick access to the iliac vessels and ureter (Figure 1). When ureteroneocystostomy is planned, the rectus muscle is cut and the spermatic cord divided to provide room for working within the bladder (Figure 2). The internal iliac artery is dissected free from its origin to its branching into an anterior and posterior division (Figure 3). After a vascular clamp is placed across the proximal end of the internal iliac artery, it is divided just proximal to a ligature and suture ligature at its distal end. Dissection of the iliac vein usually requires the division of several lymphatic channels and their accompanying small vessels (which must be ligated to prevent later hemorrhage if heparinization for rejection or dialysis should become necessary.) The vein is not freed circumferentially but only enough to permit application of a partial occlusion vascular clamp (Figure 4).

When the kidney is brought into the field, the end of the renal vein is anastomosed to the side of the external iliac vein using continuous

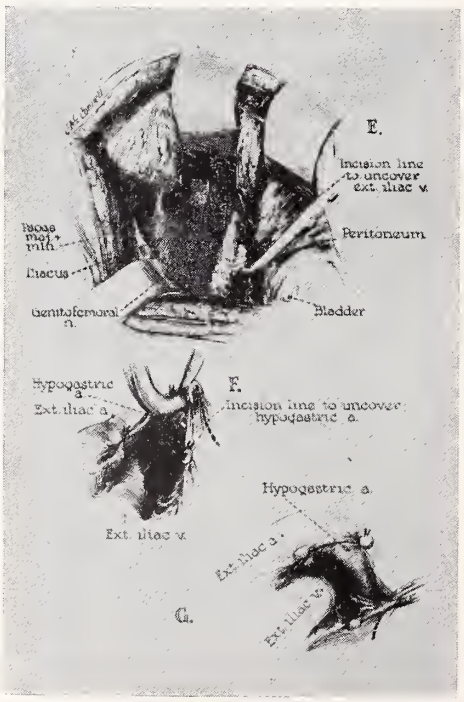

FIGURE 3

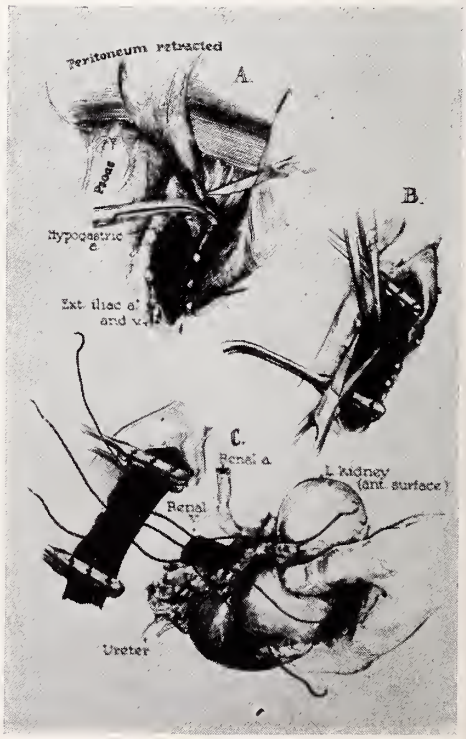

FIGURE 4

suture of 5-0 or 6-0 arterial dacron (Figure 5). Next, an end-to-end anastomosis is effected between the renal and internal iliac arteries generally using continuous technic with the same suture material as used for the vein (Figure 6). At this point, the clamp on the iliac vein is released temporarily in order to spot any significant leaks from the anastomosis. These may then be controlled by sutures after reapplying the clamp, thus minimizing blood loss after arterial inflow has been established. As both the renal vein and the iliac vein are often delicate and fragile, it is not uncommon to tear one or the other, in spite of efforts to prevent it. After the venous clamp is released, the arterial clamp is removed, completing the vascular phase of the implantation. Stainless steel clips are placed on the renal capsule, marking the organ outline for measurement on x-ray, since swelling of the kidney is one manifestation of rejection. In preparation for the ureteral phase of the operation, the kidney is placed on the iliac fossa, and no attempts are made to anchor it to the parietes.

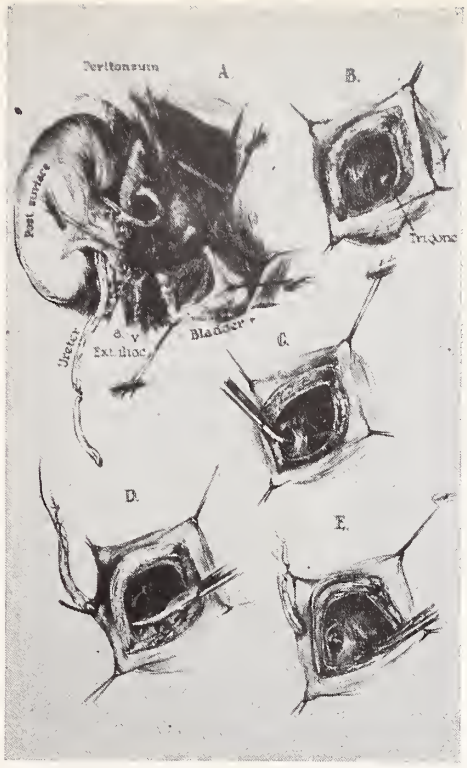

FIGURE 7

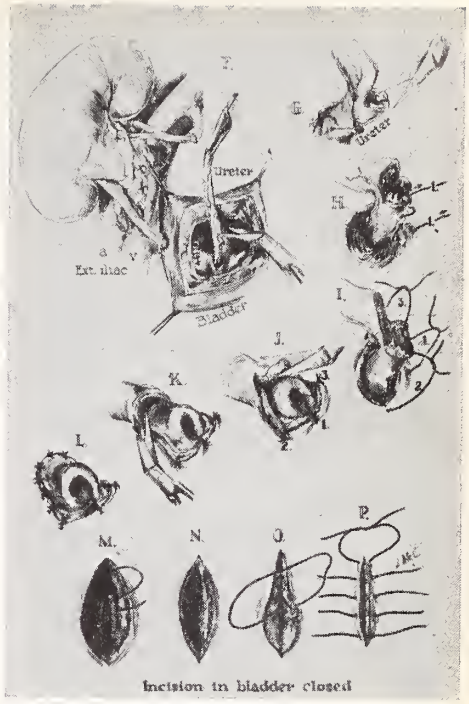

FIGURE 8

Even in a child, the renal vein is large enough that size of the anastomosis is not a problem. With the arteries, although a child's renal artery can be quite small, the major technical problem is the differing characteristics of the vessels, the renal being a fragile muscular artery and the internal iliac a large, generally thickened vessel frequently involved with atheromatous plaques. Occassionally the internal iliac artery will be so severely diseased that an end-to-side implantation of the renal artery into the anterior wall of the external iliac artery is indicated. Although the anastomoses can generally be completed in about thirty minutes, their careful construction is far more important than speed.

III. The urinary drainage of a transplanted kidney can be managed either by (a) uretero-neocystostomy (ureteral reimplantation involving a pull-through of the donor ureter into the recipient bladder) (Figures 7, 8), or (b) a dismembered uretero - pyeloplasty (sewing the recipient's own ureter into the donor renal pelvis.) Both have been fairly successful with a breakdown rate in the range of 10% in most series. These have been attributed to delayed healing, most often seen in patients on large doses of steroids. In our series

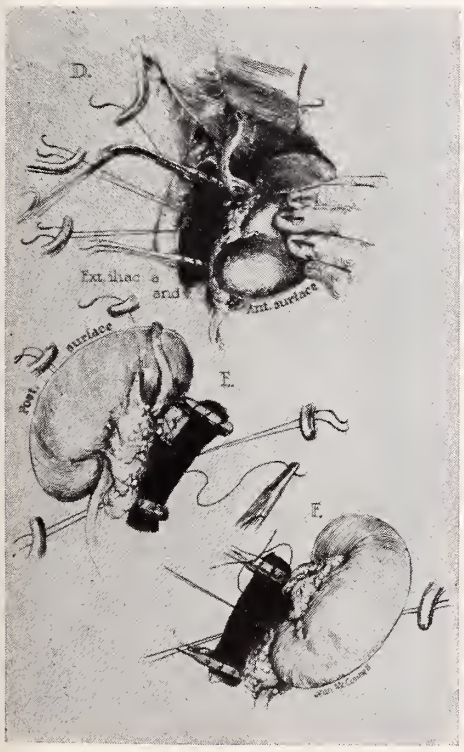

FIGURE 5

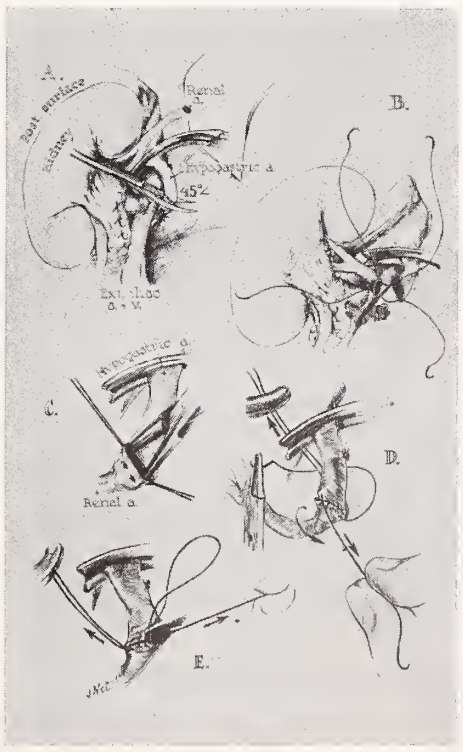

FIGURE 6

we have had five leaks, three of which were repaired, but only two with a lasting success. We initially did dismembered pyeloplasties here, but now, having done almost 50 of these, we plan to do another series of 50 uretero-neocystostomies and compare the two methods.

Post-operative care is largely routine with the exception of fluid management and treatment of the rejection phenomenon. These will be discussed later.

In conclusion, renal transplantation has now established itself, not as an experimental procedure but as a valid therapeutic measure. Its success rate in living donors is in the range of 80%, one-year survival, and 70%, two-year and longer survival in living donors. In cadaver donors the success rate is between 50 and 75% in the largest series. It should be mentioned that, should a kidney fail in a cadaver donor situation, if this is noted early enough prior to the complete ravages of the rejection phenomenon and its medical complications, the kidney can be removed and the patient returned to chronic hemodialysis. Thus, in many instances, the patient can survive even if the transplant fails. Therefore, the biggest breakthrough in transplantation has been in better medical management and prospective typing so that the predictable success rate has reached respectable proportions, and thus both medical and public acceptance of transplantation as a valid therapeutic measure has been achieved.

Public support is also building through the efforts of individual members of the transplantation committee, joined with public spirited citizens, particularly those of the local press and T.V., various church groups and insurance groups. Noteworthy among these is the Indiana State Life Underwriters Association, which has done a remarkable job of both public relations and aligning prospective kidney donors in a volunteer donor program. The passage of the Uniform Anatomical Gift Act by most state legislatures in the year 1969 has given the impetus for people to carry pocket wills requesting that their organs be used for transplantation at the time of death. The Association of Life Insurance Underwriters under the leadership of Robert W. Osler has done a remarkable job in getting these cards to laymen in Indiana. Also, the National Kidney Foundation has a Uniform Gift Card which is essentially a pocket will. Many Indiana physicians have received or will be receiving either the State Underwriters' card or the National Kidney Foundation Uniform Gift Card for distribution to their patients. This is widely accepted now both by medical and lay public alike who see no advantage to one being buried with one's own kidneys when they might pass on useful life when transplanted into someone else.—**To be continued next month.** ◄

Ring-a ding-ding!

Indiana Bell

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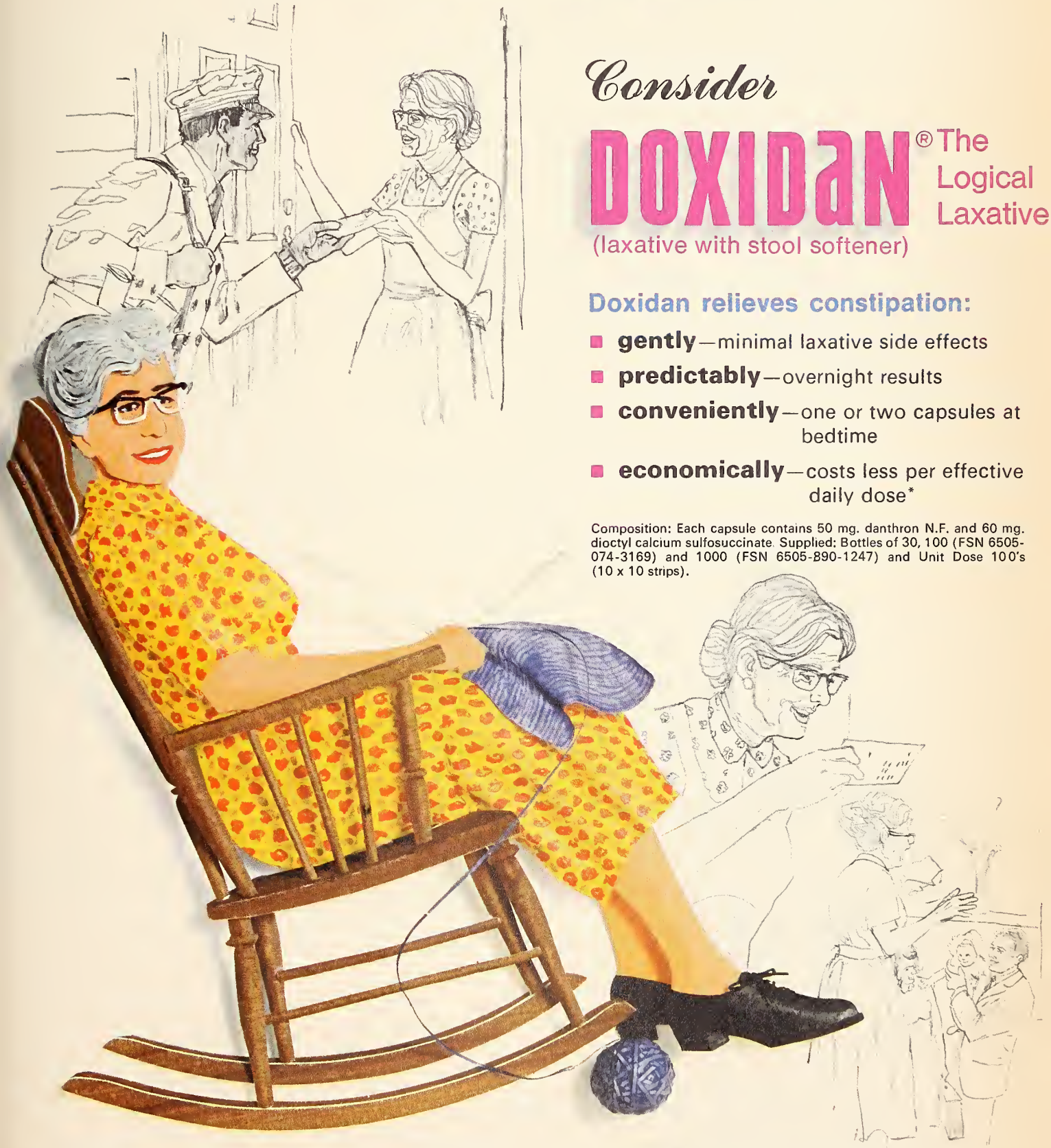

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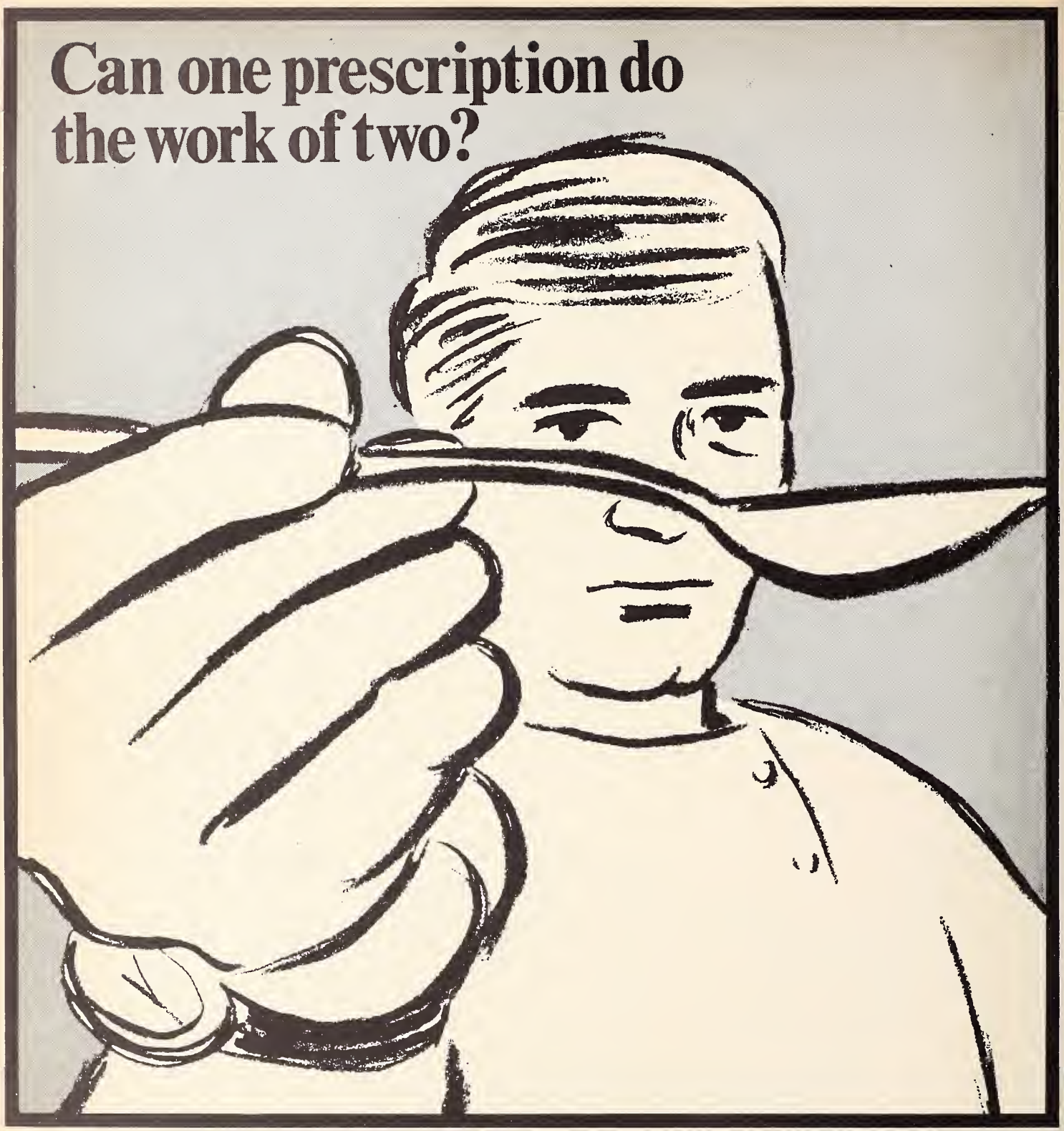

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Mediastinoscopy

ELVIN G. ZOOK, M.D.*
WOLFE SAPERSTEIN, M.D.**
H. YALE MUHM, M.D.†

Introduction

THE management and treatment of carcinoma of the lung not only necessitates making the diagnosis but also includes determination of operability, resectability and curability.

The diagnosis may be made in many ways, including x-rays, bronchoscopy, sputum cytology, lymph node biopsy, needle biopsy of the lesion and other methods, all of which have limitations and/or complications. These are also used in determination of resectability and curability of pulmonary carcinoma. We feel that mediastinoscopy is a valuable adjunct in these determinations.

Methods and Results

The first method of mediastinoscopy was devised by Harken, et al. in 1954,[1] as a supplement to scalene lymph node biopsy. It consisted of inserting a Jacobson laryngoscope into the mediastinum through the supraclavicular incision after blunt dissection of a tract had been accomplished.

In 1959 Carlen described the now most frequently used method of mediastinoscopy.[2] This starts with an incision superior to the sternal notch and blunt dissection carried to the tracheal bifurcation, deep to the pretracheal fascia. The scope is inserted and the mediastinum examined.

In a period of 28 months, we have done a total of 69 mediastinoscopies utilizing the method as described by Carlen.[2] A diagnosis of carcinoma was made in 49 cases by sputum cytology, bronchoscopy, mediastinoscopy, thoracotomy or autopsy.

Of these 49 cases, 20 (41%) were diagnosed by node biopsy via mediastinoscope. No attempt at pulmonary surgery was performed on these, so the patient was spared the morbidity, mortality and suffering of exploratory thoracotomy.

A total of 23 patients with negative findings for carcinoma at mediastinoscopy had thoracotomy. Eighteen (80%) were found to be resectable with a chance of cure. Our resectability rate for a similar period prior to use of mediastinoscopy was slightly better than 50%. With use of mediastinoscopy we have improved our resection rate by almost 30%. Of the five nonresectable carcinomas, one involved the esophagus, two the aorta, one the parietal pleura and the fifth was three months post 6000 rads of irradiation with dense scarring. The malignancies included 19 undifferentiated or oat cell, 16 squamous cell, 13 adenocarcinoma and one malignant lymphoma.

Three patients had negative mediastinoscopy for tumor but no thoracotomy was done due to their poor health.

One case of sarcoidosis and one bronchiocephalic trunk were diagnosed.

We have had three complications (4.3%), including a pneumothorax, a recurrent laryngeal nerve paralysis and a superficial wound infection. These occurred in nonresectable malignancies with distortion of the normal anatomy. The pneumothorax and wound infection cleared with conservative therapy. The nerve paralysis resulted in only slight difficulty to the patient. Our one fatality (1.3%) was a cardiac arrest under anesthesia as the skin was being closed. EKG revealed a myocardial infarction, but whether causing or due to the arrest is unknown.

All were done with endotracheal Halothane-N_2O-O_2 anesthesia with Anectine for relaxation. Bronchoscopy was occasionally carried out under the same anesthetic.

* Assistant Professor of Plastic Surgery, Indiana University Medical Center, Indianapolis 46202.

** Formerly Associate Professor of Surgery, IUMC, and Chief, Cardiopulmonary Surgery Section, Veterans Administration Hospital, Indianapolis, Dr. Saperstein is presently in private practice in Harrisburg, Pa.

† Resident in Surgery at IUMC at time of preparation of article, Dr. Muhm is presently serving with the U. S. Air Force at Ft. Leonard Wood, Mo.

Discussion

Carlen[2] stated in 1959 that 30 to 45% of all patients with carcinoma of the lung undergoing thoracotomy were nonresectable. He devised his method of mediastinoscopy in an attempt to reduce the incidence of this nonproductive surgery. Kirklin[3] reported a nonresectability rate of 49.8% in 369 cases of carcinoma of the lung all of which were considered operable, prior to operation.

Jensen,[4] in 305 cases, has reported that of patients having metastatic carcinoma to the mediastinal lymph nodes, only 1% lived three years, regardless of the therapy. This makes surgery on patients with mediastinal metastasis extremely unrewarding as regards cure. Clifton[5] places proven tumor involvement of mediastinal lymph nodes in the nonresectable category. Our criterion for nonresectability is peritracheal or carinal nodes. Positive nodes along the right or left main stem bronchus are very suggestive of nonresectability and almost assure incurability.

The combination of several reported series[6,7,8,9] reveals that in 401 patients with pulmonary carcinoma, 40% had mediastinal lymph node metastasis found by mediastinoscopy. Of the patients with negative mediastinoscopy that were explored, 92% were resectable. These same people reported a resectability rate of from 50 to 60% prior to the use of mediastinoscopy. Hosie and Ford[6] reported a resectability rate of 50 to 70% after negative scalene node biopsy. This means that 32 to 42% of patients with carcinoma of the lung can be spared an exploratory thoracotomy with its accompanying mortality rate of 12 to 16.5% (Gibbon, Ochsner and Christianson) as reported by Goldberg and Radner.[10] A recent report by Delarne, et al.,[11] of a 4.5% mortality from exploratory thoracotomy in the years 1954 to 1965 is much improved but still significant.

Complications in an aggregate series of 1087 mediastinoscopies reported by Flynn, et al.[12] were four deaths (0.3%). Thirty-one complications (2.6%) consisted primarily of hemorrhage, pneumothorax and damage of the recurrent laryngeal nerve. Almost all occurred in patients with large tumor growths in the mediastinum with distortion of the normal anatomy. In addition to its value in cancer diagnosis, Carlen[13,14] and Palva[15] made a diagnosis of sarcoidosis by mediastinoscopy in 96 to 100% of recorded cases.

Summary

Sixty-nine mediastinoscopies have been performed on patients with suspected pulmonary carcinoma. The diagnosis has been confirmed by mediastinoscopy acquired tissue in 41%. The resectability with no mediastinal lymph node involvement found by mediastinoscopy is 80%.

We feel that mediastinoscopy is valuable in reducing unrewarding and dangerous thoracotomies. The procedure requires short general anesthesia. The postoperative course is one of rapid recovery. The inoperable patients can be discharged quickly and the surgical candidates can be operated upon as soon as the normality of the mediastinal lymph nodes has been determined by the pathologist.

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The Journal
of the INDIANA STATE MEDICAL ASSOCIATION

Devoted to the interests of the medical profession of Indiana

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Guest Editorials

Leave My Country's Flag Alone!

There's something that needs to be said about this country. And since no one seems to have the gumption to say it, I guess it's up to me.

I've had it up to here with persons who are trying deliberately to tear my country apart. And it's way past time to throw at me that tired old wheeze about being a Flag-waver. You're right, I'm a Flag-waver, and I got the right to be one the hard way.

I've had it with pubescent punks, wallowing in self-pity, who make a display of deploring their birth into a world which—to use their sissy expression—they didn't make.

Well, I didn't make the world I was born in either. And neither did the men I know who are worthy of respect. They just went about and made something out of it.

The men I grew up with were fetched up in a logging camp. They were immigrant sons of every cast-off race there is. And they didn't have a lot of knowledge at home to start them off, either.

But I can write you a song about the son of a Po Valley coal miner who became a nationally renowned physicist; about doctors, lawyers, teachers, forestry specialists, conservation experts, and men of the cloth—in the Seattle-Tacoma area—who came out of that logging camp. And about the son of a Danish mechanic who is one of the best friends I've got.

So don't give me your whining, whimpering, self-pitying, clap-trap about how this country is letting you down.

I've had it with hippies, brainless intellectuals, writers who can't write, painters who can't paint, teachers who can't teach, adminstrators who can't administrate, entertainers who fancy themselves sociologists, and those who castigate the very men who have done the most to demonstrate to all of us the most important quality in America . . . individual enterprise and responsibility.

I've had it with those cerebral giants who think it's smart to invite drug advocates to lecture in their classrooms, and with teaching curiosities like that one in the Mercer Island School District who invited a revolutionary spokesman to dispense a lecture on Flag-burning.

I've had it with people who are setting about deliberately to rip up mankind's noblest experiment in decency.

And I'm going to tell you something. If you think you're going to tear down my country's flag and destroy institutions my friends and members of my family have fought and died for—you're going to have to climb over me. And buddy, you'd better get up awful early in the morning.—**Radio Commentator Bob Roberts, Station KVI, Seattle, Wash.**

Fashion Note

The miniskirt was bound eventually to out-smart itself. It is no news to physicians that hospital nurses lead a gymnastic life—lifting, bending, reaching. The miniskirted uniform does not provide sufficient freedom of movement and becomes embarrassingly revealing in some working circumstances.

In several medical centers in the country . . . the mini is being replaced by the more sensible pantsuit or culotte.

Shades of our stiffly starched directresses of yore aside, the step has been taken. We ask only that the tall narrow girls wear the pants and the short wide girls the culottes.

We note with some sadness that there is a movement afoot to abolish the distinctive nurse's cap. It is said that it gets in the way in some types of patient care. The cap evolved from the headdress of medieval re-

ligious nursing orders. We shall miss the sweeping weeds of the English sister, the pincushion of the Massachusetts General and Bellevue graduate. True, the graduate's pin will identify, but not at a distance of 50 feet coming down a dark corridor. If the cap must go, we will bear it reluctantly, as we did the passing of the Hudson River steamboat and the smell of real fresh air.—**New York State Journal of Medicine.**

Editorial Notes . . .

The pharmacy continuing education TV series is continuing for its fourth year. The instructional seminars go by closed-circut television to 13 university locations in the state. The program has been popular and is probably the largest of its kind in the U.S. The two-hour sessions start at 9:30 p.m. to allow as many pharmacists to attend after evening hours as possible. The course is sponsored by the schools of pharmacy at Purdue and Butler and the Indiana Pharmaceutical Association. This year, for the first time, for some of the programs, practicing physicians will be present at each of the campus locations to enter into discussions.

The Veterans Administration is expanding its program with the artificial kidney. Hospital care is now available in 35 VA hospitals. Home dialysis has been found to be efficient and practical and more economical. The VA is now starting a six-weeks training program for the attendant who will manage the home equipment. Ten hospitals will have training in 1971 and 15 more in 1972. The Indianapolis hospital is scheduled for 1972. It is estimated that about half of the VA dialysis patients are suitable for home treatment.

Congressional interest in the sources of supply of gelatin capsules, sometimes used for illicit drugs, has highlighted the care which is necessary in the distribution of pharmaceutical items which are innocent in themselves and necessary in legitimate channels but may be utilized in illegal and harmful activities. Both Eli Lilly and Parke-Davis have monitored both wholesale and retail sales of the small #5 capsules for many years. Parke-Davis was able to alert Federal agents when orders, considered to be excessive, were received. Lilly has a program of identification of certain capsules sold to other pharmaceutical manufacturers to enable recognition by public health officials.

Minnesota Blue Shield finds that, from an insurance standpoint, the best and most economical medical care can be provided by a policy which covers more items than is usual. Their "J" plan, in addition to covering everything customarily included, also covers home and office calls, physiotherapy, injectables, vaccinations, laboratory work and diagnostic x-ray services in the office. Family coverage under this plan has increased in price slightly between 1963 and 1969, and although it increased from $33.70 to $34.20 during this period it is now down to $33.75. The Blue Cross factor has reduced each year; the Blue Shield factor has increased slightly. Because of its outstanding success the name is changed now to The Minnesota Medallion plan. It will be expanded to state-wide availability and will be sold to either groups or individuals.

Zenith has a classroom training system for children with hearing losses which broadcasts from a transmitter worn by the teacher and provides a uniform level of sound to each child. An enclosed antenna system encircles the room. The system rejects all electrical interferences such as radio, television, electric motors and fluorescent lights. Once it is adjusted the sound signals remain uniform and at the proper level of sound regardless of the position of the teacher or any of the pupils in the room.

A new magazine, The Exceptional Parent, started publication with Vol. 1, No. 1, in September. Its purpose is to provide guidance for parents of children with disabilities. Much of the progress in understanding and habilitating disabled children is now in technical form. The magazine's purpose is to express this information in nontechnical and easy to understand language.

The U. S. Army has enlisted the help of 98 medical research institutions in its search for an effective drug against malaria. The investigation has been programmed so that each laboratory is working on a specific part of the problem. Malaria, while not of much significance in the United States, causes more morbidity and mortality than any other infectious disease world-wide. It is one of the great military diseases overseas.

A hospital computer system may now be made by employing small computers and adding modular components as the budget and other circumstances permit. Medical Data Systems can be started with an Admitting/History-Taking/Facilities-Scheduling system, later adding on a Clinical Laboratory system, a Nursing-Station system, and even later an Administrative Reporting system, a Business Office/Personnel/Purchasing system, and finally a Diagnostic Support system. The systems are operative as single units or can be linked together.

American medicine is cooperating in eight ways to further reduce infant mortality, reports Donald E. Wood, M.D., Indianapolis, Chairman of the AMA Council on Legislative Activities. Dr. Wood supports government-private efforts for (1) Health education and the appropriate use of health facilities; (2) Improvement of living conditions among the needy; (3) Prenatal care of unwed mothers; (4) Family planning; (5) Research into the effect of nutritional influences; (6) National uniform registration statutes for births and deaths to bring about the collection of truly comparable statistics; (7) The development of immunological technics; and (8) The advancement of genetic counseling programs.

Medical Information Service via Telephone (MIST) has been operated by the School of Medicine of the University of Alabama in Birmingham since last July. Faculty members, whose specialties cover practically all aspects of medical practice. are on duty 24 hours daily, seven days a week, for periods of one week to a month at a time. They respond to toll-free calls from physicians over the state, give advice, dispense information, and function as consultants for a wide variety of practice problems. Dr. Clifton Meader, dean of the school, originated the novel plan to improve communications in clinical matters between the physicians of Alabama and the Medical Center.

Birth of "Rh babies" cannot be completely eliminated until protective immunoglobulin is given not only to all unsensitized Rh negative women bearing Rh positive infants, but to all who experience abortion of Rh positive fetuses or inadvertent transfusion with Rh positive blood. As early as its second month of existence, an embryo may already have Rh antigen in its red cells. Mothers carrying to far less than full term may even require Rh protection.

Modern buildings are often taller, are of unusual shapes and are clad in relatively fragile materials. The aerodynamic problems thus created are investigated and measured, prior to final plans, by Professor George Palmer of the Purdue School of Aeronautics. Models of the proposed building are equipped with multiple air inlets to measure pressures and air currents created by placing the model in a wind tunnel. Surrounding structures such as hills, trees and other buildings are represented by models also. The amount of data obtained, in the case of a large structure, is so voluminous as to require analysis by a computer.

The FDA approval for marketing of L-dopa includes a proviso never before applied to a new drug. The two manufacturers, Hoffmann-LaRoche and Eaton Laboratories, have been instructed to continue studies of the long-range effects of the drug. Both companies are in agreement with the requirement and, in fact, plan to do other studies as well. Commissioner Charles Edwards expresses himself as well pleased with the investigational work and clinical testing done on L-dopa.

Physician's assistants have been recommended by the National Academy of Sciences. The Academy Board on Medicine contemplates three types of assistants. What they refer to as the physician's associate would be the best trained. Two years professional training after high school is recommended. Another type of assistant would be the person who is trained in a highly skilled specialty, such as renal dialysis. The third type would have less training and would probably bear a relation to the other two types comparable to the relation between registered nurses and practical nurses. The Academy report recommends that physician's assistants of all types be registered but not licensed, at least until more experience is accumulated on training programs and job qualifications.

The Medical College of Ohio at Toledo will start a new type of training in general surgery in July 1971, when eight trainees will start a two-year coordinated block of training to cover internship and the first year of residency. The big idea is to reduce the time required to complete general surgical training. The schedule for the first year calls for two-month assignments in urology, orthopedics, trauma and chest surgery, and four months in general surgery. The second year will include four months in pathology and two months each in neurosurgery, plastic surgery, anesthesiology and an elective.

Mental retardation is linked with severe malnutrition occurring either in the mother or child during the early stages of development. Malnourishment during fetal cell division may produce a permanent deficit in the number of brain cells as high as 15%. If the nutritional status is below normal both pre- and postnatally, the brain cell deficit can be as high as 60%. The National Society for Medical Research also reports that the association between low birth rate and infant mortality may, in addition, be associated with inadequate nourishment on the part of the mother who has failed to gain a proper amount of weight while carrying the baby.

The FDA has approved the use of dimethyl sulfoxide (DMSO) for external use in horses to reduce injury-caused swelling. Investigation of DMSO continues on a cautious scale because it has been found to have certain severe adverse reactions. ◄

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Since mental confusion, anxiety and tremors have been reported in patients receiving orphenadrine and propoxyphene concurrently, it is recommended that Norgesic not be given in combination with propoxyphene (Darvon®).

Warnings: USE IN PREGNANCY: Since safety of the use of this preparation in pregnancy, during lactation, or in the child-bearing age has not been established, use of the drug in such patients requires that the potential benefits of the drug be weighed against its possible hazard to the mother and child.

USE IN CHILDREN: The safe and effective use of this drug in children has not been established; therefore, the physician must weigh the benefits against the potential hazards.

Precautions: It has been reported that prolonged or excessive use of phenacetin may result in nephrotoxicity. Caution, therefore, should be exercised when Norgesic is administered to patients with renal disorders. It should also be used with caution in patients with tachycardia.

Adverse Reactions: Side effects of Norgesic are those seen with APC or those usually associated with mild anticholinergic agents. These may include tachycardia, palpitation, urinary hesitancy or retention, dry mouth, blurred vision, dilatation of the pupil, increased intraocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness, and rarely, urticaria and other dermatoses. Infrequently an elderly patient may experience some degree of confusion. Mild central excitation and occasional hallucinations may be observed. These mild side effects can usually be eliminated by reduction in dosage. One case of aplastic anemia associated with the use of Norgesic has been reported. No causal relationship has been established.

Dosage and Administration: Adults—1 to 2 tablets 3 to 4 times daily.

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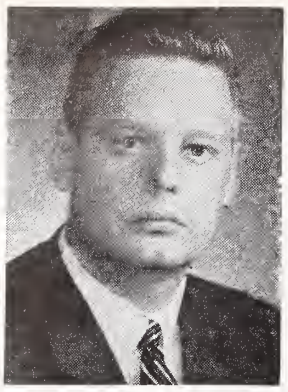

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

There seems to be a lot of discussion among taxpayers as to what the current income tax law is as to charitable contributions made by individuals. First of all, the new law has almost no effect on the typical giving of household personal property by individuals to such organizations as the Salvation Army and Goodwill. The donors are entitled to a deduction for the full fair market value of the property given. Similarly, the law does not affect deductions for the fair market value of gifts of corporate shares, so long as the shares have been held for more than six months. The donor may deduct the full fair market value of the shares, limited, however, to 30% of the donor's adjusted gross income. But if an individual gives tangible personal property to a charity and the use of the property by the charity is unrelated to the charity's exempt purpose, then the individual may deduct only the fair market value of the property less one-half of its appreciation. Finally, if the individual gives property to a charity, which property would not produce long-term capital gain if it were sold, then the individual may *not* deduct *any* of the appreciation on the property. Thus, if an individual donates, for example, corporate shares held for six months or less, or, inventory of his business, he will only be entitled to deduct his basis for the property—not its higher fair market value. As a result, many of the smaller Indiana charities have had serious decreases in the amounts of properties given to them, because many individuals have decided that the individuals will benefit more, financially, by selling their inventories at anything over cost, than they will from giving the inventories away and being able to deduct only the cost of the inventories.

The way the federal law is going, I would keep, forever, copies of *all* federal and state income tax returns that are prepared for you or for close members of your family, including fiduciary returns. As to the back-up data, I would keep all of it for at least four years, and then continue to keep at least your check registers and paid checks forever. Too many of your, and your family's, later transactions will require your old records—even though the statute of limitations for amending old tax returns has run.

Isn't it strange that you may deduct your own meal if (1) you also pay for another person's meal, and it's a business event, or (2) if you pay for it as part of your travel away from home for business. But you and your client may not deduct your meals if you each pay for your own, even though it is a business event. Still, if you both belong to the same private club, talk business, and each pay for your own meal, you may at least count that event as a "business-use" event in order to establish that you use the club more than 50% for business, and thus be able to deduct a portion of the club's annual dues. Keep careful records of your business and personal visits (when you pay your monthly charges), watch out that you don't use the club too frequently for purely personal reasons, and be certain to count the times that you used the club for business conferences, but did not purchase anything.

Attorneys should take care in allocating their charges to clients in many situations in order to provide current income tax deductions for the charges—as distinguished from deferred deductions or non-deductible items. Common situations in which allocations are important are: incorporations of businesses; divorces; purchase of assets, e.g., real estate; and, drafting of wills and trusts.

There are few tax provisions which seem to confuse individuals more than those which deal with the filing and paying of declarations of estimated federal income taxes. But individuals are gradually becoming aware of the 6% penalty on underpayments. Therefore, remember that one way to avoid the penalty, no matter how high your next year's tax turns out to be, is to estimate your next year's income tax to be the same as your last year's income tax and to pay that amount over the four quarterly payments. ◀

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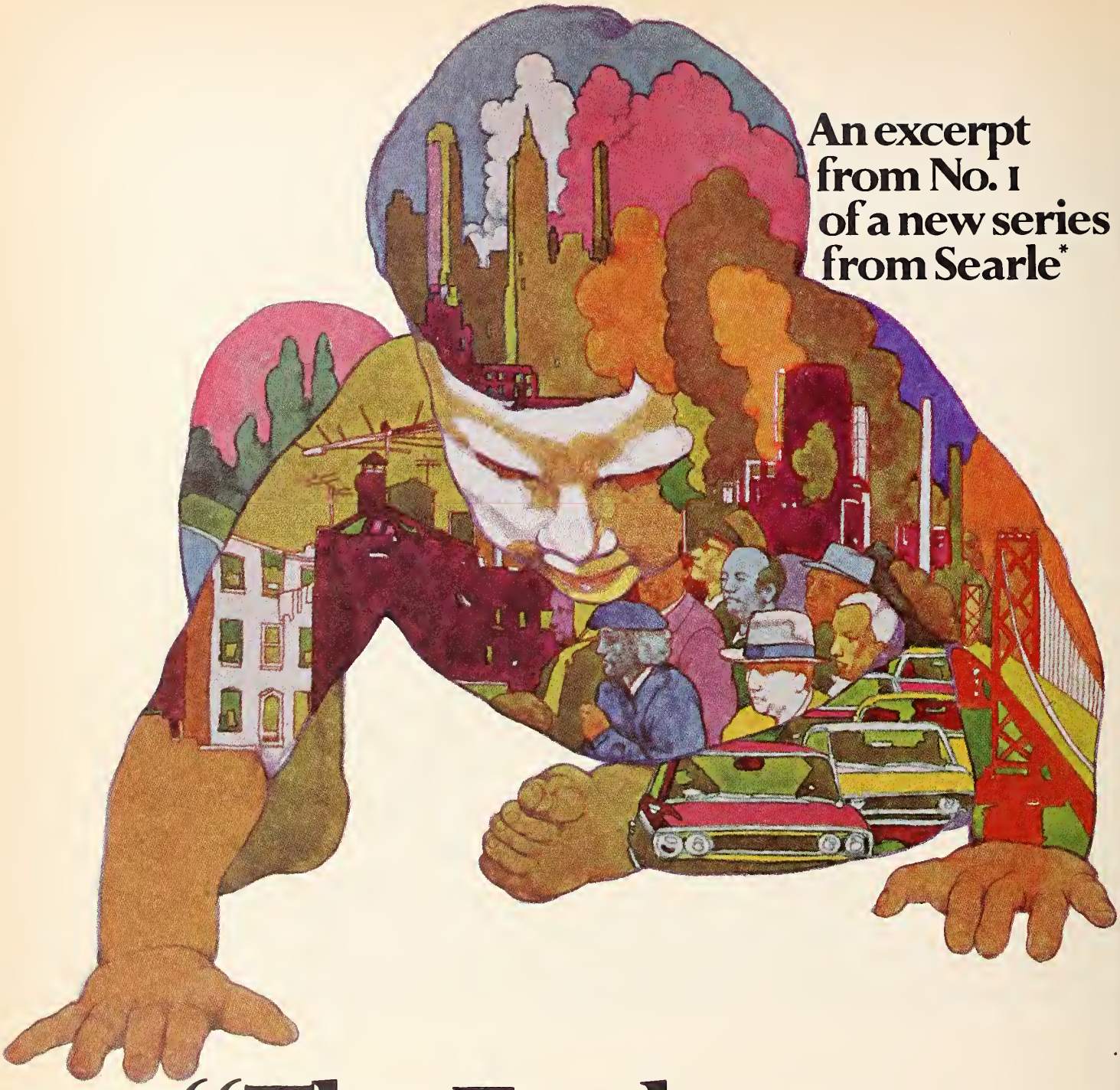

An excerpt from No. 1 of a new series from Searle*

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**For the complete brochure, and others in the series as they appear, please write to Searle or ask your Searle representative.* Explored in the forthcoming issues will be the role of birth control on family pressures and its effects on the family; the influences of poverty, ethnic factors and marital status; its role in illness, its genetic implications and its effects on the emotional and behavioral life of the individual.

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Actions—Demulen acts to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Demulen depresses the output of both the follicle-stimulating hormone (FHS) and the luteinizing hormone (LH).

Special note: Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Demulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain [1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear, since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Demulen. Therefore, if such tests are abnormal in a patient taking Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Demulen may mask the onset of the climacteric. The pathologist should be advised of Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted; anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

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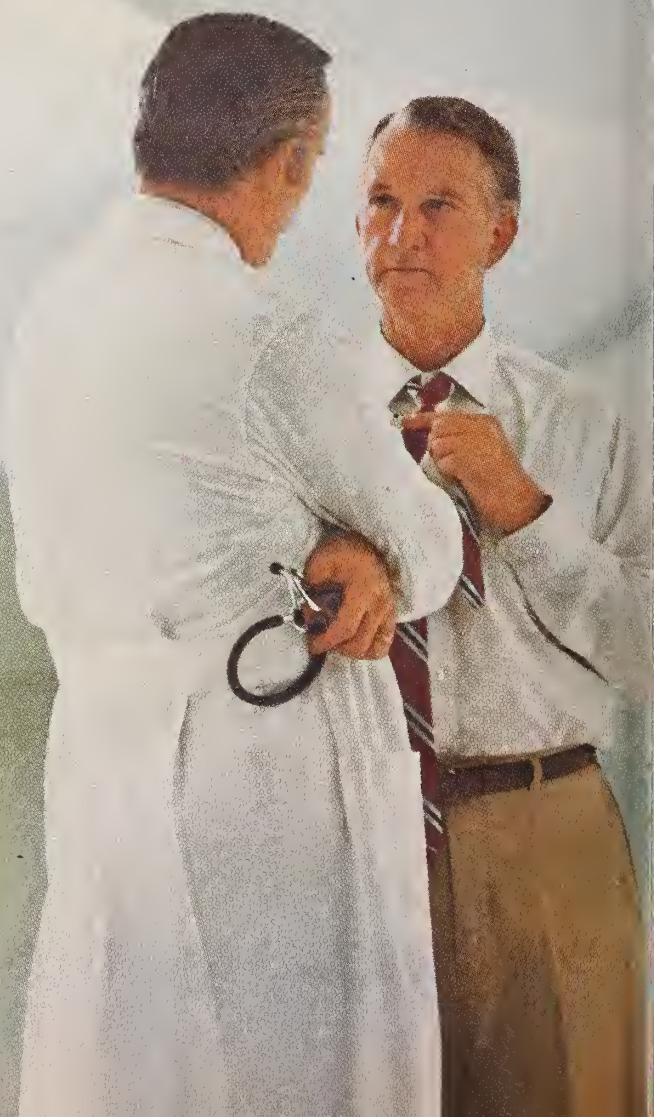

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Welfare

Past - Present - Future*

IRVIN W. WILKENS, M.D.
Indianapolis

THE great depression of the 1930s provided the stimulus for the enactment of social legislation on a national basis, and there was general recognition that the need was too great for state and local units to handle. The Social Security program in all its phases provided some of the security that had been denied people of an earlier era. The war years of the 1940s and 1950s brought unprecendented prosperity and it might be supposed that the great need for welfare legislation had passed. However, the great technological advances of those years revealed one great, disturbing factor—the need for the unskilled worker had been correspondingly reduced. Human muscles had been replaced by machines and this meant that a large percentage of the unemployed were unemployable. Any attempt to retrain such workers was prohibitive in cost. Thus we have the paradox that, in the midst of tremendous increases in production, the welfare program had to be expanded instead of reduced. At the present time the cost of the program is so great as to threaten bankruptcy for local units and on the national level it ranks next to war as to size and scope. Yet, as we examine the most recent phases of the program, we can see how the need for it has increased.

There is a great need for the medical profession of this state to become familiar with the overall programs of welfare, as the physicians have an important part in determining the eligibility of some applicants for assistance and in the treatment of many of those receiving assistance.

Administration — State Department

The administration of the State Department of Public Welfare is under the direction of the State Welfare Administrator and the five-member State Welfare Board. The administrator and board are appointed by the Governor. All other members of the state staff are appointed under the state merit system as administered by the State Personnel Division of the State Department of Administration. The five divisions of the State Department of Public Welfare include a general administrative division and four program divisions, as follows: Division of Administrative Services, Division of Public Assistance, Children's Division, Division of Services for Crippled Children, Division of Medical Services.

The Division of Administrative Services carries state level responsibility with regard to budgetary, accounting, reporting and statistical procedures, the administration of the Food Stamp Program, and provides liaison services with state and local agencies and offices.

Each of the four program divisions is responsible for program development and implementation. Each provides supervisory and consultative services to county welfare departments through field personnel assigned to geographic districts, and provides liaison services with other state agencies and offices concerned with related areas of responsibilities. Programs involved are: Public Assistance, Child Welfare Services and Services to Families and Children, Services for Crippled Children and Medicaid.

Mr. William R. Sterrett is Administrator and the members of the State Board of Public Welfare are: Mr. Robert G. Watson, Jr., Vincennes, president; Mr. James W. Burnett, Jr., Indianapolis, vice president; Mr. Robert M. Curless, Wabash; Mrs. Marion M. Hilger, Columbus; Mrs. Arvella M. Stanton, Gary.

County Departments

There is a local welfare department in each of the 92 counties established to administer the public welfare program in the county. The County Welfare Department is under the direction of a county director who is appointed by the county welfare board under the provisions of the state merit system. The director is the appointing authority for the rest of the county welfare personnel, and maintains a staff of employees, all of whom serve under the state merit system. County departments provide direct services to all individuals and families who apply for and qualify for public welfare services and assistance.

* Part 2, continued from February.

Each county department is responsible for developing and using an advisory committee and also a program of volunteer services.

Legal Base

The primary Indiana law upon which the public welfare programs are based is the Public Welfare Act of 1936 and its amendments. Other related laws passed prior to and since 1936 also define public welfare responsibilities or set forth a basis for public welfare policy.

The Social Security Act enacted by Congress and approved August 4, 1935, as amended, is the Federal law upon which the public welfare programs are based. Titles under which Federal funds may be made available for state operated public welfare programs are:

Title I — Old Age Assistance
Title IV
- Part A — Assistance to Dependent Children
- Part B — Child Welfare Services
- Part C — Work Incentive

Title V — Part 2 — Services for Crippled Children
Title X — Blind Assistance
Title XIV — Assistance to the Disabled
Title XIX — Medical Assistance (Medicaid) — Effective 1/1/70 in Indiana

Title XVIII of the Social Security Act contains provisions for Medicare and Supplementary Medical Insurance (SMI) for persons 65 years of age and over. It is administered by the federal government, with the State Department of Public Welfare buying coverage for persons over 65 who are recipients of public assistance, and supplementing Medicare with Medicaid where appropriate.

The expenditures for welfare in Indiana during the 1969-1970 fiscal year for the programs outlined above are detailed in the accompanying chart.

The Public Assistance Division, of which Mr. Robert O. Brown is director, is responsible for Titles I, IV-A, X, and XIV.

Title I—Old Age Assistance

Eligibility for Assistance: Assistance shall be given to any aged person who:

a. Is a citizen of the United States; and
b. Has attained the age of sixty-five years; and
c. Is living in the state, voluntarily, in a bona fide living arrangement with the intent to remain in the state; and
d. Has not sufficient income or other resources to provide a reasonable subsistence compatible with decency and health; and
e. Is not an inmate of, or being maintained by, any municipal, state or national institution.

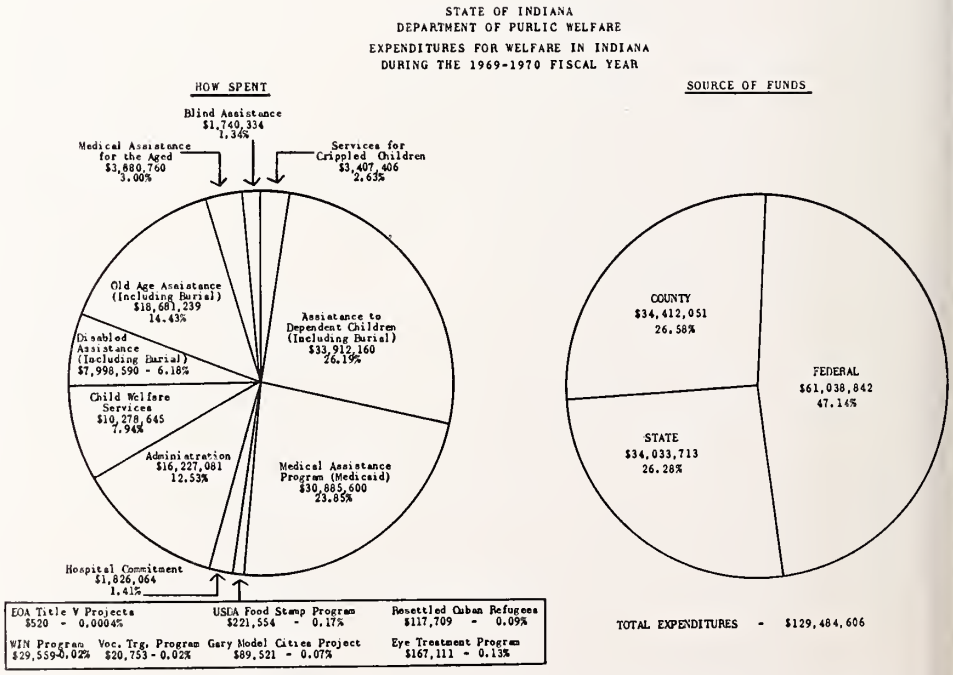
The amount of assistance which any aged person shall receive shall be determined by the county with due regard to the resources and expenditures of the individual, necessary to provide a reasonable subsistence. In no event shall the amount of assistance for an aged person in a private living arrangement, other than funeral and medical care, exceed the sum of eighty dollars for any calendar month. The applicant must agree, through his estate, to reimburse the county and state for the amount of assistance granted. Grants under this program are derived from federal, state and county funds.

Title X—Blind Assistance

Dr. Edwin W. Dyar is supervising ophthalmologist for this program.

Eligibility for Assistance: Assistance shall be given by the state department to any blind person who:

a. Is 18 years of age, and is a citizen of the United States; and
b. Is living in the state, voluntarily, in a bona fide living arrangement with the intent to remain in the state; and
c. Has not sufficient income or other resources to provide a reasonable subsistence compatible with decency and health; and
d. Is not an inmate of or maintained by any muncipal, state or national institution.



The amount of assistance, other than funeral and medical care, shall not exceed $95.00 for any calendar month. Grants under this program are derived from federal and state funds. Any assistance awarded constitutes a claim against the estate of the individual but the claim is not enforced against property occupied by a surviving spouse or dependent child.

No claim shall be filed against the estate or other assets of a recipient who has not received assistance for a period of five years.

No applicant for assistance as a blind person shall be approved until the applicant shall have been examined by an ophthalmologist or eye specialist or, in cases where an ophthalmologist is not available, an optometrist may present the finding. Visual eligibility is determined by review of the eye report by the supervising ophthalmologist.

Eye treatment can be approved only if the person is visually eligible and does not have enough income or resources to pay the cost of necessary eye care. The care may involve general systemic care as well as the eye, such as dental care or stabilization of diabetes. Payment for eye care is made directly to the participant furnishing the care upon the approval by the supervising ophthalmologist and the State Department of Public Welfare. If treatment restores vision the benefits are discontinued.

The consulting ophthalmologist can make a charge for services, according to the going rate in the interested County, of $8 to $25, according to the type of examination. Surgical fees, likewise, are to be consistent with the usual fee in the County, $250 to $400.

Payment for care under the eye treatment program is from state funds only.

Title IV-A—Assistance to Dependent Children

Eligibility: Assistance shall be given to any dependent child who

a. Is a needy child under the age of 16 years, or under 21 years if regularly attending school; and
b. Has been deprived of parental support or care by reason of the death, continued absence from the home or physical or mental incapacity of a parent, and whose relatives liable under the law for the support of such child are not financially able to provide adequate care or support for such child without public assistance; and
c. Is making his home in the state with a relative specified by law and by state department regulations as an eligible relative.

Amount of Assistance: The amount of assistance which shall be granted shall be determined by the county department. The total amount paid to any dependent child other than for medical care, for any calendar month, shall not exceed $50. Assistance to a dependent child and a needy eligible relative shall be paid in an amount not to exceed $100 per month. For each additional child $25 may be awarded. The incapacitated father in the home may also receive $25 per month. Payment may also be made for funeral expenses of a deceased ADC child. Grants under this program are derived from federal, state and county funds.

Title XIV—Assistance to the Disabled

Dr. Harry E. Kitterman is the supervising physician for this program.

Eligibility for Assistance—Assistance shall be given to any disabled person who

a. Has a physical or mental impairment, disease or loss which appears reasonably certain to continue throughout the lifetime of the individual without significant improvement and which substantially impairs his ability to perform labor or services or to engage in a useful occupation; and
b. Has no parent, spouse or other legally responsible relative able to support him; and
c. Has attained the age of 18 years; and
d. Is living in the state, voluntarily, in a bona fide living arrangement with the intent to remain in the state; and
e. Has not sufficient income or other resources to provide a reasonable subsistence compatible with decency and health; and
f. Is not an inmate of nor being maintained by any municipal, state or national institution. Citizenship is not necessary.

The amount of assistance, other than funeral and medical care, cannot exceed $80 per calendar month. Grants under this program are derived from federal, state and county funds.

No application for assistance as a disabled person shall be approved until the applicant shall have been examined by a physician possessing an unlimited license to practice medicine in this state or another state. The examining physician shall verify in writing, upon forms prescribed by the state department, as to the diagnosis, prognosis and treatability of the disabling condition and such other information of a medical nature as the state department may require and in every such examination such examining physician shall verify that such person so examined is or is not totally and permanently disabled.

The county department shall submit a complete social report concerning the applicant's work history, education, living arrangements, economic status and such other information as may be necessary on forms prescribed by the state department.

After the medical evidence and social information is forwarded to the

state department, the Medical Review Team, which consists of a physician and a medical social consultant, determines the eligibility of the applicant with regard to the disability requirement. The person must consent to re-examination as frequently as required by the state supervising physician.

Assistance may be denied or discontinued to any disabled person who refuses medical, surgical or other treatment when such recommended treatment may wholly or partially remove the disabling condition and lessen his dependency. Any applicant can appeal the decision of the Medical Review Team as to whether he meets the disability requirement by contacting the county welfare department in which the applicant is living.

Title IV-B—Child Welfare Services

The Children's Division, of which Miss Lucille De Voe is director, is responsible for Title IV-B, which includes Services to Families and Children and Child Welfare Services. These are similar and yet in some respects are quite different.

Services to Families and Children consists of employment counseling, referral for training and/or employment in cooperation with Employment Security, adult education, child education (attempts at prevention of school drop-outs), attempts at prevention of illegitimacy, money management, consumer education, homemaker services and health needs.

Services to Families and Children are provided in the large majority to families receiving Assistance to Dependent Children whose situations are such that they seem unable to get out of the poverty cycle. Homemaker Services is one of the strongest services which can be provided by a county department, as there are many parents in the ADC caseloads who themselves did not have satisfactory homes and upbringing and so are unable to transmit this to their children. The provision of Homemaker Services means that the county welfare department employs a mature woman to go into these homes to help those mothers learn how to be better mothers in learning how to better manage their homes.

Child Welfare Services are those services provided in the protection and care of minor children who are dependent, neglected, abused, homeless, placed for adoption, born out of wedlock, in need of day care services or in danger of becoming delinquent. The term Child Welfare Services often means to the lay public that this service is only for children who are to be removed from the natural home because of problems in the home. Unfortunately this is often true, but the casework staff always works with the family through counseling and casework services in an attempt to help them strengthen their own home, if possible, in order to avoid removal of the child, if that can be done.

It is unfortunate that in this category of children we do have a certain number of children who are physically abused by the natural parents, and medical services and social services must be provided, in order that attempts can be made to rectify whatever the lacks may be in the home in order to bring about change. It is not unusual for these children to be removed and placed in foster care at least for a temporary time while determination is made as to the causes and possible remedies in the home.

Agencies, boarding homes and institutions and adoption homes for child care are used in those situations where the child must be removed.

The Children's Division allocates a portion of Federal Child Welfare Services Funds for the care of pregnant unwed mothers and their infants in order that medical services can be provided to them and in order that social service can be provided to prevent ill advised decisions regarding the care of the child and to assure adequate prenatal and delivery service in needy cases for which there is no local financial resource available.

If the child of the unwed mother is to be placed in adoption, it is the responsibility of the local agency to find and study adoption homes that will best meet the needs of these children.

Services described above are provided by the county welfare departments in Indiana with supervision from the State Welfare Department.

Child Welfare Services are supported mainly by county funds in Indiana, with reimbursement for a small portion of the services of the Children's Division from the child welfare grant made under the Social Security Act by the Department of Health, Education, and Welfare to Indiana.

Title V—Crippled Children

The Services for Crippled Children Division, of which Dr. Walter E. Deacon is director, is responsible for Title V. The program of Services for Crippled Children, a special medical program for the care and treatment of medically indigent physically handicapped children under the age of 21, is administered on a cooperative basis by the state and county welfare departments.

County departments provide direct services to applicants and recipients under the program. This includes: accepting applications, determining financial eligibility, and providing ongoing social services to help families make the best use of care and treatment provided under the program.

The State Department is responsible for determining the medical eligibility of each child recommended for treatment by county departments; designating where care should be provided; and helping county departments through supervision, consultation, and financial assistance by use of federal funds granted to Indi-

ana to help operate the crippled children's program.

The program is under the direction of a physician licensed to practice medicine in Indiana who is a full-time employee of the State Welfare Department holding the position of director of the Division of Services for Crippled Children.

Division medical social consultants and rehabilitation nurses and physical therapy consultants work with county departments and local public health nurses on followup care of children under treatment.

By provision of the welfare act, treatment is provided at either Indiana University Medical Center or at hospital treatment centers approved by the State Welfare Board. There are six approved treatment centers located in various parts of the state. Each offers inpatient hospital care and at least pediatric and orthopedic outpatient clinic services for diagnosis, treatment and follow-up care. The purpose of outlying treatment centers is to bring care closer to the patient, thus eliminating as much as possible child-parent separation during treatment, and reducing the inconvenience and cost of long distance transportation. Increased medical services have been added to the outpatient services available at treatment centers during the past year.

Following is a list of the approved treatment centers by location, kind of care each provides, and the frequency with which outpatient clinics meet. The remainder of the total crippled children's load is treated at the Indiana University Medical Center, and the children treated at the approved centers are sent to the Medical Center if the need arises for special diagnosis, consultation or treatment.

Location	*Medical Services*	*Clinics*
Evansville		
	Pediatric	Weekly
	Orthopedic	
	Neurology	
	Neuro Surgery	
	Physical Therapy	
	Pedodontic	
Fort Wayne		
	Pediatric	Weekly
	Orthopedic	
	Plastic Surgery	
	Otolaryngology	
	Pedodontic	
	Neuro Surgery	
	Physical Therapy	
Gary		
	Pediatric	Weekly
	Orthopedic	
	Plastic Surgery	
	Physical Therapy	
Jeffersonville		
	Pediatric	5 times monthly
	Orthopedic	weekly
	Plastic Surgery	monthly
	Physical Therapy	daily
	Orthodontic	by appointment
	Cardiology	bi-monthly
Richmond		
	Pediatric	Monthly
	Orthopedic	
	Physical Therapy	
South Bend		
	Pediatric	Weekly
	Orthopedic	
	Neurology	
	Plastic Surgery	
	Physical Therapy	

County welfare departments, by law, pay the basic cost of treatment from county welfare funds. The State Department uses Indiana's allotment of federal funds for crippled children's services to relieve the county cost as much as possible. Federal funds are used to pay for: (1) All congenital heart cases; (2) All dental care including orthodontia; (3) Appliances and prostheses which cost $200 and over; and (4) Care provided for children who have resided in the state less than one year. There are also selected cases for which the state pays at the request of county departments; these requests are handled on an individual basis with selection depending on the availability of federal funds, the financial condition of the county and whether the case cost is prohibitive for the county to pay.

During the past fiscal year, a total of $757,691 of federal funds was spent to relieve county costs as follows:

465	Congenital Heart Cases	$251,995
75	Non-Resident & Special Services Cases	172,609
172	Dental Care	70,327
193	Special Appliances	83,341
	Reimbursement on Hospital Costs	177,538
	Board and Room for Speech & Hearing Therapy	1,881

Vendor Payments for Medical Care by Provider Type
January 1—December 31, 1970

Includes payments disbursed through 12-31-70. These are unaudited figures and are subject to adjustment.

Type Provider/Specialty	# Claims/Bills	$ Paid
A. Institutions:		
Hospitals (Hosp.)	81,052	$ 9,070,083.87
Skilled Nursing Homes (SNH)	9,464	6,354,113.80
Intermediate Care-Facilities (ICF)	65,980	28,161,300.49
Home Health Agencies (HHA) and Rehabilitation Centers (RC)	3,404	216,654.44
B. Practitioners and Suppliers:		
Pharmacists	1,528,129	5,908,190.17
Physicians (Phys)	241,292	4,741,121.26
Dentists (DDS)	30,812	1,382,733.48
Podiatrists	2,840	41,708.82
Chiropractors	910	24,149.70
Suppliers	53,342	1,276,876.01
	2,017,225	$57,176,932.04

In addition, $150,300 of federal funds was spent to extend special services in the treatment centers. This expenditure was also of direct benefit to county departments.

The pediatrician receives an honorarium of $50 for each visit to the established clinic and the consultant (cardiac, neurologist, psychiatrist, internist, etc.) receives an honorarium of $100. No additional fee is paid for surgery or care in the hospital.

Title XIX—
Medical Assistance (Medicaid)

The Medical Services Division is responsible for Title XIX. A director of this division is to be named. Mrs. Anna M. Hipple is the medical social supervisor. Title XIX, Medical Assistance (Medicaid), was effective January 1, 1970, and is administered by the State Department of Public Welfare with the county departments as agents. Payments for services are made by a fiscal agent, Blue Cross-Blue Shield. Claims for medical services provided are submitted on forms provided by the fiscal agent. The charge for services to eligible recipients is medically oriented and physician centered. This program mandates that the eligible person shall receive physician's services; in and outpatient hospital care, nursing home care, drugs, dental care, optometric service, chiropractor, osteopathic, podiatry, ambulance and many other services as recognized by state law.

An Advisory Committee for Medical Assistance has been mandated by both federal and state legislation, with a representative of each of the services to contribute specialized knowledge and experience and provide a two-way channel of cooperation.

Monies for the program are provided by the State and Federal Governments.

Participating Practitioners and Suppliers As of December 31, 1970

Specialty	*Number*	*Percentage*
Physicians	3,844	69%
Dentists	1,136	39%
Chiropractors	230	81%
Pharmacists	1,125	94%
Optometrists	513	98%
Podiatrists	205	100%
Suppliers	874	——
TOTAL	7,927	

Past

Our forefathers, thru the Constitution, expressed the inalienable right of all persons to life, liberty and the pursuit of happiness. Its interpretation, to the fullest extent, includes the right to food, clothing, shelter and other needs necessary to survival. From this has arisen the need for Welfare. Through the past, this, the welfare program, has become more inclusive and now encompasses all phases of human needs.

Present

As noted in the previous discussion, the program has exceeded all expectations, and now is of great concern at all levels of government — federal, state and county. Washington has put the clamps on what Medicare may spend but Medicaid is still soaring out of control, according to latest HEW figures. Medicaid outlays in fiscal 1970 shot up by 18.2% from the previous year of $4.9 billion, while Medicare spending increased by only 8.4% in that period to $7.1 billion.

The medical profession should be greatly concerned about the apparent "monstrosity" which has been developed. A deeper understanding on the part of physicians is essential, not only as taxpayers, but also in their role in implementing the various phases of Welfare.

Future ????

Maternity Care
Infant Care
Adoption Placement
Since 1894

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County Society Officers Conference Attracts 150

Otis R. Bowen, M.D., speaker of the House of Representatives of the Indiana General Assembly, keynoted the January 10 Annual County Society Officers Conference held in Indianapolis.

Presiding over the day-long program which attracted approximately 150 association members was M. O. Scamahorn, M.D., president, who was told by many that it was one of the finest conferences held in recent years.

"The entire program was tape recorded," Dr. Scamahorn said, "and contains material which is definitely of interest to the profession in Indiana."

"Copies of the tape can be obtained by requesting them from the ISMA," he pointed out.

Besides Dr. Bowen, other speakers included Malcolm C. Todd, M.D., Long Beach, Calif., who spoke on "Alternate Proposals for Health Care Delivery," and John G. Smillie, M.D., San Francisco, who discussed "Kaiser Permanente's Prepaid Plan."

Doctor Smillie is director and secretary of the Permanente Group Executive Committee.

From left to right at the speaker's table are: Dr. Malcolm Todd, Dr. Russell Roth, John G. Smillie, Dr. Malcolm Scamahorn, John L. Norris and Dr. Otis Bowen.

Other speakers included John L. Norris, Indianapolis, state representative of the AFL-CIO, whose subject was "Labor's Health Insurance Plan," and Russell B. Roth, M.D., Erie, Pa., speaker of the House of Delegates of the American Medical Association, who spoke on the "AMA

Medicredit Health Insurance Plan."

The meeting concluded with a panel discussion on Medical Foundations in Indiana participated in by representatives from the Allen, Elkhart, Lake and Vanderburgh county medical societies.

Those present found the place to satisfy the hearty appetites that had developed during the morning session.

Lunchtime gave everyone an opportunity to discuss the ideas that had been presented earlier. Here President Scamahorn confers with those seated at one of the tables.

Let's Face It

"Finally, let us face up to the fact that we have never had, we do not now have, and we will never have enough money to practice the best type of medicine that we are capable of practicing for all the people of the country. We live in a world of limited resources and the public in the last analysis must decide through the legislature, through insurance, and through direct payments how much of its total budget it is willing to allocate to health."—Eli Ginzberg, Ph. D., Columbia University, chairman of the National Manpower Advisory Committee.

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(continuous release form)

(diethylpropion hydrochloride, N.F.)

works on the appetite not on the 'nerves'

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

T-103 / 2/71 / U.S. PATENT NO. 3,001,910

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unwelcome bedfellow for any patient—including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

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Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)

Q103 2/

AMA Group Training Course Stresses Physician Leadership

Twenty-five members of the Board of Trustees, officers and members of the Indiana State Medical Association and Woman's Auxiliary participated in the January 16 and 17 AMA Group Leadership Seminar held at the Headquarters Office.

According to Mortimer T. Enright, director, Speakers and Leadership Programs, American Medical Association, this two-day program launched the new series of programs which will be conducted throughout the nation by the AMA for state and local county medical societies.

Serving as faculty for the seminar were Mr. Enright, Robert A. Lang, Ph.D., executive secretary, Academy of Medicine of Cleveland, and T. Stephen May, Ph.D., assistant professor, Northwestern University School of Speech.

The training course included organization of committees among the group, each of which then discussed a hypothetical problem while the discussion was being videotaped. Later all participants had an opportunity to view themselves on television in specific discussion situations.

The course also included problem solving, theory on group discussion, data gathering, association management theory, report writing, role of the committee and general semantics. ◄

From the President's Desk

The Indiana State Legislature has, is and will continue to occupy a great deal of your Association's time. Bob Amick, Howard Grindstaff, and John Walters are in constant attendance at the sessions. Jim Waggener and Ken Bush, as well, devote a great deal of their time in this area. Dr. Petrich, president-elect, Dr. James Kirtley, legislative chairman, and I are the other registered lobbyists for ISMA. I must compliment the excellent, hard-working Commission on Legislation, whose members spend each Wednesday in study of bills and other action of the Legislature which might affect medicine in Indiana. Their devotion and service to your Association has been and is outstanding.

This Commission singularly and in conjunction with other groups and/or persons has prepared and arranged for the introduction of several pieces of legislation. They are:

HB 1430—A bill to implement and fund the seven-center plan for medical student education.

HB 1102—A bill to make blood transfusions a service, not a sale of a product, and to make anatomical gifts free of warranty.

HB 1154—A bill to financially support a renal dialysis program for Indiana.

SB 311—A bill to make the hospital staff minutes confidential regarding its committee work.

SB 661—A bill to legalize the use of physicians' assistants with their registration by the Medical Licensure Board.

The Commission is concerned with these bills introduced by other groups but which will, of course, affect medicine:

HB 1260—A bill to change the licensure procedure for foreign medical graduates.

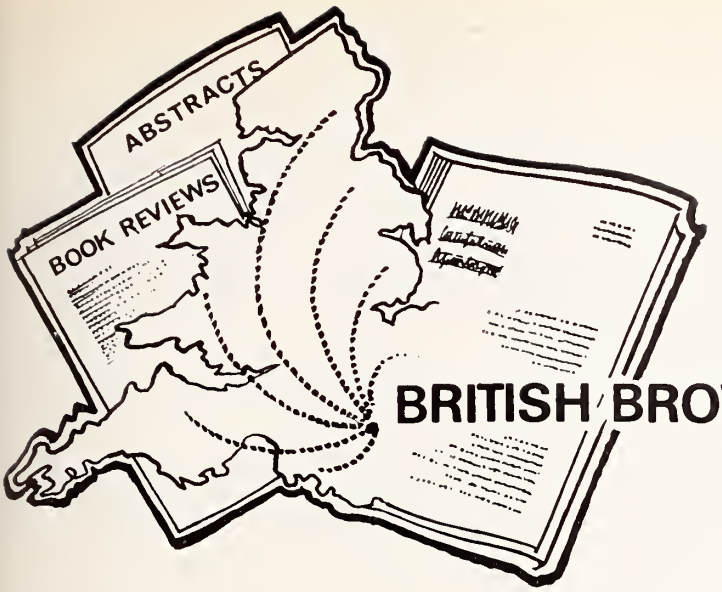
HB 1309—A bill to rewrite the Hospital Act of Indiana and spell out the responsibilities of the medical staff.

SB 679—A bill to liberalize abortion.

HB 1071—A bill regarding environmental control and its administrative structure.

I urge each of you to become knowledgeable about all these bills. In all, it has been and will be an interesting legislative session for your Association.

M. O. Scamahorn, MD



BRITISH BROWSINGS

STEVEN C. BEERING, M.D.
Indianapolis

Combined Thyroxine and Triiodothyronine for Thyroid Replacement Therapy

Desiccated thyroid tablets are often found to be unsatisfactory for replacement therapy since they vary so much in their content of metabolically active hormone. This variability is exaggerated by differences in manufacture, the type of animal gland used, the ratio of thyroxin (T4) to triiodothyronine (T3) and the age of the preparation. In an intriguing study over a 10-year period, Dr. Selwyn Taylor and his colleagues from the Royal Postgraduate Medical School at the Hammersmith Hospital in London report their experiences in almost a hundred patients, using combination therapy.

All patients had undergone thyroidectomy for either nodular goiter or total thyroid ablation for malignancy. They were evaluated critically as outpatients using clinical criteria such as body weight, pulse rate, skin quality, cold sensitivity, as well as measurement of the relaxation time of the Achilles tendon, in addition to the P.B.I. determination. A variety of dosage combinations employing T4 and T3 mixtures was tried. The patients reported the greatest well-being when given a mixture containing 15 mcg of thyroxine and 15 mcg of triiodothyronine. The P.B.I. was found to be in the normal range using this combination.

Similar results have been obtained by American workers, notably Drs. Wool and Selenkow. Very similar mixtures are available in this country under the name of Euthroid® by Warner Chilcott, containing 15 mcg of T3 and 60 mcg of T4 and Thyrolar® by Armour, containing 12.5 of T3 and 50 mcg of T4.[1]

Pleural Effusion and Fibrosis During Treatment with Methysergide

We hear repeatedly of complications following the therapy of migraine sufferers using Methysergide (Sansert). There is little question that retroperitoneal fibrosis is causally related at times to methysergide therapy. In addition fibrosis affecting the heart valves, coronary arteries, the myocardium and a number of cases of otherwise unexplained pleuropulmonary disease have been reported. Dr. W. Hindle and his coworkers from the General Hospital, at Poole, Dorset, England, report two additional cases of migraine patients who, in addition to extensive bilateral pleural fibrosis, developed pleural effusions. Both of these complications cleared with cessation of methysergide therapy. While in conditions as common as pleural effusion and fibrosis the diagnosis of drug-induced disease is difficult to prove, the circumstantial evidence in the reported cases would strongly incriminate a causal relationship.[2]

Large-Scale Digitoxin Intoxication

At the beginning of February 1969 several patients were admitted to the Juliana Hospital, Veenendaal, The Netherlands, with symptoms of serious digitalis overdose. All had been known to require 0.25 mg of digoxin as a daily maintenance dose for many months or years without having shown side-effects. This led Dr. Lely and Dr. Van Enter to suspect that the composition of their last prescription might be faulty. On the 7th of February, they asked the local pharmacist to provide a chemical analysis of the tablets. On the 12th of February they were informed that the tablets contained 0.20 mg of digitoxin and 0.05 of digoxin instead of the 0.25 mg of digoxin. The pharmacist who supplied the drugs to the town of Veenendaal as well as to the local hospital had delivered the tablets on the 6th of December, 1968. It was calculated that the patients had been taking the faultily composed drug for about 10 weeks.

In all, 179 patients, 90 women and 89 men, were found to be suffering from digitalis overdose. Sixty-eight percent were 60 years old or older. Forty-seven of these patients were treated in the hospital and 6 died. In

contrast to other published reports, 95% of the patients were suffering from fatigue and visual complaints, 82% from muscular weakness, 81% from nausea, 80% from anorexia and 65% from psychic disturbances and abdominal pain. The duration of complaints averaged four weeks, with some patients not being symptom-free until seven or eight weeks after exposure.

In a tale of medical detection Drs. Lely and Van Enter ascertained that 470,000 faultily composed tablets had been produced and 200,000 were actually sold to patients. The pharmacist in Veenendaal obtained 47,000 of these tablets; at the time of the discovery of the overdose, he had already dispensed 38,000 tablets. Of these, 6,000 tablets were recovered, leaving 32,000 tablets that had been used. The pharmacist in question was the only one dispensing digitalis preparations to the entire town of 30,000 inhabitants and to the hospital. The authors state that while it was possible that many cases went undiscovered because of a wide scatter over the rest of the country, the timing of delivery made it likely that the majority of affected persons were located in Veenendaal.[3]

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3. Lely, A. H. and Van Enter, C. H. J.: Large-scale Digitoxin Intoxication, *Brit. Med. J.*, 3:737-740, 1970. ◄

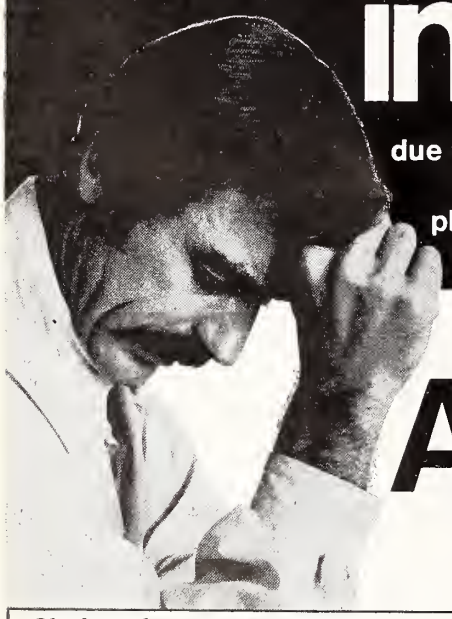
The treatment of

impotence

due to androgenic deficiency in the American male. The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients—Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society



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Choice of 4 strengths:

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Each yellow tablet contains:
Methyl Testosterone ..2.5 mg.
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Glutamic Acid .....50 mg.
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Dose: 1 tablet 3 times daily.
Available:
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Methyl Testosterone ..5.0 mg.
Thyroid Ext. (1/2 gr.) ...30 mg.
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Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY

Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) ....64 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 or 2 tablets daily.
Available:
Bottles of 60, 500.

Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C

Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/4 gr.) ...15 mg.
Thiamine HCL .....25 mg.
Glutamic Acid .....100 mg.
Pyridoxine HCL .....5 mg.
Niacinamide .....75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 .....2.5 mcg.
Riboflavin .....5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

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ABSTRACTS, BOOK REVIEWS

SYNOPSIS OF DERMATOLOGY

Stewart, Danto and Madden, T. V. Mosby, St. Louis; 445 pages, 193 illustrations, 49 color plates; $13.85.

1. One can quite well agree with the statements in the preface of this second edition. The first edition was very well received. The second will certainly have a more enthusiastic reception for it has been enlarged, brought up to date and has more pictorial additions. A total of 193 illustrations are included, 49 are color plates.
2. Overall, to me, the text is well written. Suggestions for diagnosis and treatment are as specific as possible. It is as up to date as any textbook can ever expect to be. The lag, usually in textbooks, is, in my opinion, very minor.
3. The paragraphs headed "Natural Course" or "Pertinent Information" frequently encountered under specific dermatological diseases or conditions are greatly appreciated. Such summaries often are a great help. One can have the patient read them and thus gain a prompt, good general knowledge of what to expect and "what's it all about" without the physician having to go through a "third degree process" of questioning by an over-anxious patient. Many persons have found great relief just by reading them.
4. For the uniniatiated as well as the "old time dermatologist," suggestions labeled "Investigation" appear as a paragraph included in some of the more unusual conditions one is apt to encounter. An example of such is found under the discussion of Urticaria Pigmentosa (Mastocytosis). Steps in establishing the diagnosis are clearly outlined. Many other such paragraphs are found throughout the pages.
5. Of course, one cannot stamp a text 100% — for each of us have our own little "tricks." No two dermatologists think exactly alike. Just one small point so as to be specific in my statement is that I do not agree with the paragraph under "Acne Vulgaris — Minor Surgery." Agree or not, I can recommend this book as a "buy" for student, resident, general practitioner and the "real" dermatologist.

SAMUEL ROBERTSON MERCER, M.D.
Fort Wayne, Ind.

CONTROL PROCESSES IN MULTICELLULAR ORGANISMS

Ciba Foundation Symposium, edited by G. E. W. Wolstenholme and Julie Knight, J & A Churchill, London, 1970; 424 pages with numerous figures and tables; $12.50.

The title promises more than the volume delivers. Metabolites can influence enzymatic activity. We are learning the "how" but: not yet. Protein calorie deficiency in children does develop, "marasmus" (muscular wasting but a normal liver) and also "kwashiorkor" (edema *and* a fatty liver). How come? That remains to be discovered. "Hormonal Control of Metamorphosis" (chapter starting on p. 131) is whetting our appetite by starting the discussion of ecdysone and thyroid hormones—and immediately unveiling our continuing ignorance of just what does set off the pupal change to the adult as well as the tadpole change to a frog. And yet: the whole immense problem of cancer and its ancillaries hangs just on the explanation of the exact chemical pathways that these hormones initiate—and terminate.

The thin layer chromatography techniques, plus the ever-developing electron microscope, have set us on the right track. However—when will the goal be attained? In the meantime, this is another of the series of interim, strictly dated reports, meant for the expert in the field.

As a mere M.D., I'm titillated but remain frustrated. I can hope, albeit only faintly, to live long enough to be told the answers. Of course, the paper, binding and format are as superb as ever. The price is more than reasonable.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

SYNOPSIS OF EAR, NOSE, AND THROAT DISEASES

Ryan, Ogura, Biller and Pratt, 3rd Edition, C. V. Mosby Co., St. Louis; 1970.

This synopsis of ear, nose and throat disease complies with the purpose and the intent of the authors as set forth in their preface. The book is one which is well outlined, easy to read, concise and easily understood. It covers a wide range of ear, nose and throat disease including anatomy of the involved organs, the etiology and the pathophysiology of disease processes, as well as brief outlines of the appropriate therapy. The use of outline summaries at the end of many of the sections, and an encompassing index makes the synopsis one in which the information is readily available to the clinician.

The book is not an "in depth" text nor was it intended as such. However, I believe it would certainly make a handy reference book for the medical student, or practicing physician.

ARTHUR C. JAY, M.D.
Muncie, Indiana

Abstracts from Various Literature, Prepared by AMA

OVARIAN PREGNANCY AND THE INTRAUTERINE DEVICE

H. Lehfeldt (784 Park Ave., New York 10021), C. Tietze, and F. Gorstein

Amer. J. Obstet. Gynec. 108:1005-1009 (Dec. 1) 1970.

Nine ovarian pregnancies among women with an intrauterine device (IUD) in situ are reviewed. The ratio of one ovarian pregnancy to nine ectopic pregnancies among IUD wearers in the Cooperative Statistical Program (CSP) is much higher than in the general population where it is about 1:200. Estimation of the probable number of fertilized ova among women wearing IUDs suggests that the device reduces uterine implantation by about 99.5%, tubal implantation by 95%, and the incidence of ovarian pregnancy not at all.

MONITORING HIGH-RISK CARDIAC PATIENTS DURING TRANSPORTATION IN HOSPITAL

J. O. Taylor et al. (W. H. Abelmann, Boston City Hosp., Boston 02118)

Lancet 2:1205-1208 (Dec. 12) 1970.

A portable, battery-operated system encompassing the essentials of a coronary or intensive care unit has been used with hospital trolleys to provide constant monitoring of patients during in-

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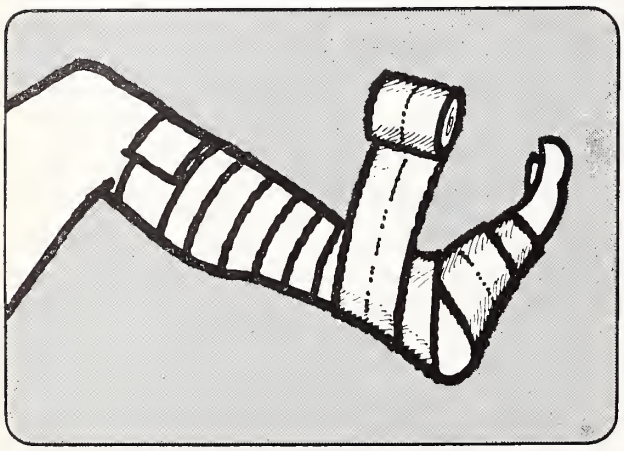

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This is a more comfortable and faster method of healing than Unna's Boot. Frequent changing of the dressing is eliminated. The newly forming granulation and epithelium are left undisturbed. It is the modern form of treatment.

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City .....

State ..... Zip .....

hospital transport. Fifty patients with suspected high-risk cardiac disease were monitored. Arrhythmias were frequent (84%) during transport; 44% of those transported had arrhythmias which constituted indications for emergency therapy. At present, patients die soon after arrival at the hospital and during transportation to wards. The approach described offers a potential means of saving these lives.

AUSTRALIA ANTIGEN AND PRIMARY LIVER CANCER

C. G. Moertel (Mayo Clinic, Rochester, Minn. 55901), G. J. Gleich and E. W. Hull

Amer. J. Dig. Dis. 15:983-985 (Nov.) 1970.

Australia antigen has been implicated as a possible causative agent in viral hepatitis. It also has been identified in the sera of patients with Down's syndrome and chronic hepatitis, as well as in a small proportion of patients with chronic active liver disease progressing to postnecrotic cirrhosis. Australia antigen could not be identified in the sera of 35 American patients with primary liver cancer.

SUDDEN UNEXPECTED DEATH IN INFANCY

H. Stalsberg (Univ. of Oslo, Oslo)

Acta Paediat. Scand. 59:685-691 (Nov.) 1970.

Autopsy findings in 26 typical cases of sudden and unexpected infant deaths (SUD) are reported and compared to findings in non-infectious sudden deaths and deaths from acute infectious diseases. Lung edema and hyperemia were on the average more pronounced is SUD than in the controls. Bacterial colonies in histological lung sections were seen in seven SUD cases; in the control groups such findings were generally associated either with bronchopneumonia or with microscopic evidence of aspiration. Increased numbers of neutrophilic granulocytes were seen in the lung alveolar septa in SUD infants over 4 months old, and occasional intra-alveolar granulocytes were present in one third of the SUD cases. Covering of the face with bedclothes was the rule in SUD infants younger than 3 months old. Bacterial pneumonia that reaches only to the initial phase of the disease may be the cause of many cases of SUD, and covering of the face with bedclothes may be actively sought for by older SUD infants under a feeling of cold accompanying a rapid rise in body temperature.

MALIGNANT TUMORS FOLLOWING IMMUNOSUPPRESSIVE THERAPY

K. Pritzker, S. N. Huang, and K. G. Marshall (Dept. of Pathology, McGill Univ., Montreal)

Canad. Med. Assoc. J. 103:1362-1365 (Dec. 19) 1970.

Two cases of malignancy, one a leiomyosarcoma of bowel metastatic to liver, the other carcinoma in situ of the cervix uteri, occurring during immunosuppressive therapy are reported. The incidence of neoplasms in immunologically suppressed patients may be greatly increased; further investigation is urgently needed.

COMMERCIAL AIRLINE PILOT AND HIS ABILITY TO REMAIN ALERT

R. E. Yoss et al. (Mayo Clinic, Rochester, Minn. 55901)

Aerospace Med. 41:1339-1346 (Dec.) 1970.

Fifty commercial airline pilots were studied by means of infrared pupillography to determine the ability of each to remain alert while sitting in darkness for 15 minutes. The pupils of those who remained alert were large and stable; if drowsiness

developed the pupils became smaller and pupillary waves appeared, with ptosis or eyelid closures. The performance of each subject was placed in one of four categories: superior, average, marginal, or unsatisfactory. Of the 32 pilots who were regarded as well rested, 28 performed in either a superior or an average manner, the performance of 3 was marginal, and 1 gave an unsatisfactory performance. As a group the pilots with inadequate rest did less satisfactorily in their test. It is recommended that testing of this type be studied further; the ability to remain alert is not included at present in the assessment of pilots for medical certification.

USE OF LEVODOPA WITH OTHER DRUGS

K. R. Hunter (Univ. College Hosp., London), G. M. Stern and D. R. Lawrence

Lancet 2:1283-1285 (Dec. 19) 1970.

Clinical observations of 25 parkinsonian patients taking levodopa suggest that digoxin, diuretics, phenindione, cyclizine, dichloralphenazone, barbiturates, general anesthetics, chlorpropamide, insulin, dexamphetamine, ampicillin, sulfadimidine, antacids, prednislone, thyroxine, and paracetamol can safely be given in association with levodopa. Tricyclic antidepressives (but not monoamine-oxidase inhibitors) can be safely used. Benzodiazepines can also be given but may be associated with a temporary change in parkinsonian status. The dose of a potent antihypertensive (guanethidine) had to be reduced substantially. Pyridoxine antagonizes the effects of levodopa.

CARCINOMA OF BREAST IN WOMEN LESS THAN 30 YEARS OLD

H. J. Norris (Armed Forces Institute of Pathology, Washington, D.C. 20305)

Cancer 26:953-959 (Oct.) 1970.

Mammary carcinoma in women less than 30 years old appears to have a slightly poorer prognosis than in older women. Study of 135 women in this age group suggests several explanations for this. About 10% of the patients were pregnant or lactating, which conditions are associated with a higher incidence of axillary lymph node metastasis and lethal outcome. The incidence of axillary metastasis was slightly higher in younger women, regardless of pregnancy. Carcinoma frequently (17%) developed in the opposite breast. Patients with one or two positive axillary lymph nodes did poorer than expected. Despite the overall unfavorable outlook, crude survival is improved by the relative infrequency of deaths from causes other than cancer, as contrasted with that of older women. Also, the prognosis for women under 30 is improved by the relatively high proportion (24%) of low-grade, infrequently metastasizing tumors, such as medullary, intraductual, juvenile, papillary and well-differentiated carcinomas. When only infiltrating duct carcinoma was considered, survival in young women was 50% at five years and 37% at 10 years. Patients without axillary metatastasis did as well as older women with breast cancer, since 81% were living at five years and 74% at 10 years.

TREATMENT OF HYPOGLYCEMIC COMA WITH GLUCAGON, INTRAVENOUS DEXTROSE, AND MANNITOL INFUSION IN 100 DIABETICS

A. C. MacCuish, J. F. Munro, and L. J. P. Duncan (Royal Infirmary, Edinburgh)

Lancet 2:946-949 (Nov. 7) 1970.

One milligram of glucagon was given intramuscularly (IM) or intravenously (IV) to 100 glycemic diabetics unable to take glucose by mouth. Within 15 minutes 40 were either awake or sufficiently roused to take oral glucose; only one of the remaining 60 responded to a second injection of glucagon given 15 minutes after the first. There was no difference between the effect of IM or IV glucagon. The 59 glucagon-unresponsive patients were given 25 gm dextrose IV; 36 were awake within 15 minutes and another 4 responded to a second injection of 25 gm. The remaining 19 were still unconscious despite an adequate level of glycemia having been achieved (mean 247 range 179 to 350 mg/100 ml). They were treated with IV mannitol, dextrose, and steroids.

ANTICOAGULANT MALINGERERS ("DICUMAROL EATERS")

J. R. Hofstetter and F. Clement (18, Petit-Chene, Lausanne, Switzerland)

Schweiz Med. Wschr. 100:2007-2008 (Nov. 14) 1970.

Anticoagulant malingering ("Dicumarol eaters") produces a hemorrhagic diathesis, the etiology of which is sometimes very difficult to elucidate. Three cases are presented. The action of the anticoagulants is characterized by prolongation of the thromboplastin time and diminution of factors II, VII, IX, and X, whereas factor V and fibrinogen are not influenced. In this constellation the influence of oral anticoagulants should always be suspected.

LATE GASTRIC CARCINOMA DEVELOPING AFTER SURGERY FOR BENIGN CONDITIONS

S. Kobayashi, J. C. Prolla, and J. B. Kirsner (Univ. of Chicago, Dept. of Medicine, Chicago 60637)

Amer. J. Dig. Dis. 15:905-912 (Oct.) 1970.

Seven cases of late carcinoma developing in the stomach after surgery for benign conditions are presented. Gastroscopic biopsies demonstrated a higher incidence of atrophic gastritis in these patients than in a control group, and frequent polypoid formation at or near the anastomotic site. These changes were seen more often in patients with gastrojejunostomy than in patients with the Billroth I operation. Since the radiographic approach was unsatisfactory, the value of gastroscopy and of cytology and biopsy under direct vision is emphasized to detect this complication in its early stage.

SUBSEQUENT DIABETES IN MOTHERS DELIVERED OF MALFORMED INFANT

V. N. Navarrete et al. (Hosp. Gineco-obstetrica No. 1, Mexico City)

Lancet 2:993-995 (Nov. 14) 1970.

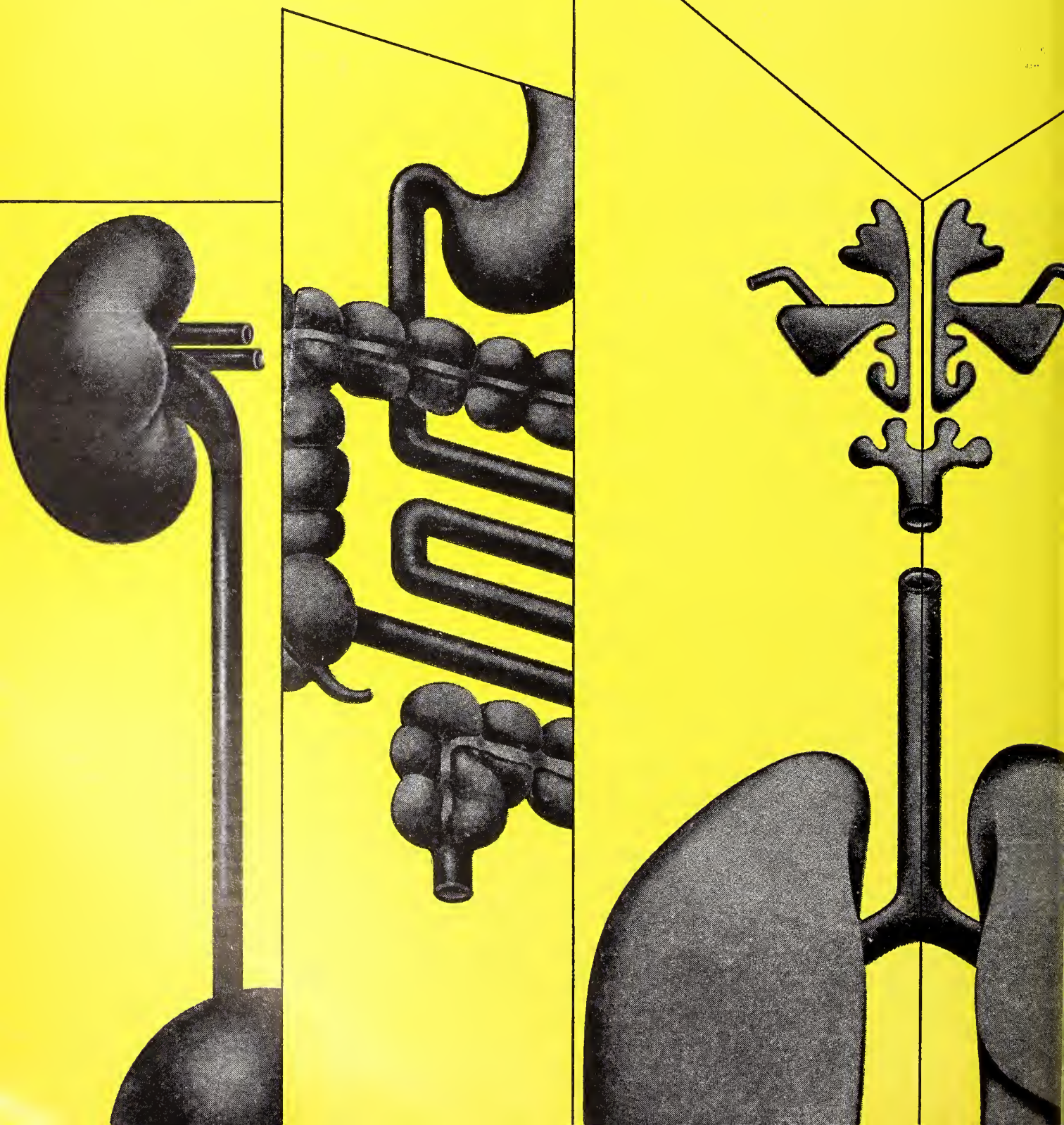
Observations were made in 349 women who had been delivered of a malformed infant and 100 women selected as an age- and parity-matched control group. A high and increasing frequency of known diabetics was observed at 0, 12, and 25 years after the malformations, with figures of 6.6%, 14.8%, and 34.3% respectively. Adding to these known diabetics those recognized as such by means of the oral standard glucose-tolerance test (evaluated by five different criteria) the total incidence of diabetes (known diabetics and abnormal glucose tolerance) was 16.7%, 40.4%, and 53.1% at 0, 12, and 25 years after the malformation. The proportion varied somewhat, depending on the method used. In the control group one known diabetic and 0-3 abnormal glucose-tolerance tests were noted. A definitive relationship was shown between a maternal glucose metabolic disorder, frequently overlooked by the standard oral glucose-tolerance test, and congenital malformations. Research is suggested into the early phases of diabetic state in mothers bearing a malformed infant. ◄

Tract Record.

A record of clinical efficacy in treating bacterial infections of the respiratory, genitourinary and gastrointestinal tracts caused by susceptible strains of pneumococci, H. influenzae, staphylococci, streptococci, Klebsiellae, E. coli, Enterobacter, Shigella.

A record of years of dependable broad-spectrum activity.

A record of high urine and serum antibiotic levels all with a 500mg. potency, b.i.d. convenience and low prescription cost.



Tetrex® bidCAPS®

(500mg. tetracycline phosphate complex)

For complete information consult Official Package Circular.
(3) 4/2/70

Indications: Infections of respiratory, gastrointestinal and genitourinary tracts and skin and soft tissues due to tetracycline-sensitive organisms. In staphylococcal infections, indicated surgical procedures should be performed.

Contraindications: Hypersensitivity to tetracyclines.

Warnings: Photodynamic reactions have been produced by tetracyclines. Natural and artificial sunlight should be avoided during therapy. Stop treatment if skin discomfort occurs. With renal impairment, systemic accumulation and hepatotoxicity may occur. In this situation, lower doses should be used and serum estimations may be necessary during prolonged therapy. Tooth staining and enamel hypoplasia may be induced during tooth development (last trimester of pregnancy, neonatal period and childhood).

Precautions: Mycotic or bacterial superinfections may occur. Infants may develop increased intracranial pressure with bulging fontanels. Cases of gonorrhea with a suspected primary lesion of syphilis should have darkfield examinations before receiving treatment. In all other cases where concomitant syphilis is suspected, monthly serological tests should be performed for a minimum of 4 months.

Adverse Reactions: Glossitis, stomatitis, nausea, diarrhea, flatulence, proctitis, vaginitis, dermatitis, and allergic reactions may occur.

Usual Adult Dose: One Gm./day in 2 or 4 equally divided doses. Continue therapy for ten days in Group A beta-hemolytic streptococcal infections. Administer one hour before or two hours after meals.

Supplied: Capsules—250 mg. in bottles of 16 and 100. bidCAPS—500 mg. in bottles of 16 and 50.

A.H.F.S. Category 8:12

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What's New?

Hewlett Packard has designed a combination of relatively simple electronic units which enable a laboratory to analyze the function and capacity of pacemakers and their batteries. Careful appraisal of the electronic capabilities of the pacemaker has reduced failures from 1 or 2 per week to 1 or 2 per year. The ECG is used only for rough estimates.

* * *

Riker Laboratories has a precision aerosol instrument called DUOHALER®, which delivers an exact measured amount of medication, isoproterenol hydrochloride 0.16 mg. and phenylephrine bitartrate 0.24 mg. Hypersensitivity to the drugs and overdosage are to avoided.

* * *

Doubleday has released a new book "More Than Skin Deep." It is a dermatologist's guide to beauty and health. Dr. Thomas H. Sternberg of UCLA is the author. He deals with the skin from a cosmetic standpoint, with internal health problems affecting the skin and with skin diseases and their treatment. 330 pages—$7.95.

* * *

Formula R is a new non-prescription medicine for the relief of pain caused by arthritis, rheumatism and bursitis. The formula was discovered accidentally when a workman who was mixing an industrial compound combined the ingredients in a new order, and, while ridding his hands of the sticky mess, found that his arthritic fingers became pain-free. It is said to be non-toxic when applied to skin.

* * *

Diagnostic Products, Dow Chemical Company, has added a colorimetric test for SGOT to its line of Diagnostest reagent sets. The SGOT set consists of 48 tubes containing premeasured substrate plus other reagents and materials. Full information is available by writing Diagnostic Products, PO Box 1656, Indianapolis, 46206.

* * *

Eli Lilly announces that a new antibiotic, Keflex® (cephalexin monohydrate, Lilly), has been approved by the FDA and will be available in the U.S. soon. It has been marketed abroad since August 1969. It is an oral form of the cephalosporin family.

* * *

A subsidiary of G. D. Searle & Co. will lease a one- or two-patient artificial kidney system for as little as $99 per month. The typical system consists of the mRoy BR Dialysate System with a coil type artificial kidney unit and a heparin infusion pump. The total cost for this system is $4275. It may be rented for home or hospital use on a 5-year lease for $99 a month.

* * *

Squibb has expanded its line of Unimatic® (unit dose) drugs by more than 50% and reduced prices significantly. Squibb is also recognizing the trend to use of generic names by printing the generic name on each package in larger type and different color than the trade name. The Squibb Flexidose Spoon, which measures more accurately than a teaspoon and helps to prevent spillage, is now available in packages of 100. ◄

The Woman's Auxiliary

REPORTS TO ISMA

With pen in hand, so to speak, I suddenly realize how fast my year as president of the Auxiliary has gone by. Since we are so feverishly planning our House of Delegates, which is coming up in April, it seems I haven't time to think of much else. When I do have time to stop and think back over the past months, I realize how much I have learned and how much I appreciate all the nice things that have been done for me.

I was invited to attend the men's Officers Conference in Indianapolis last month and I certainly learned a great deal about the physician shortage, and how the women could help to alleviate some of this, especially specifically trained nurses. There are many nurses that are married to our physicians and it made me even more aware of our wasted woman power. We can do more and we will.

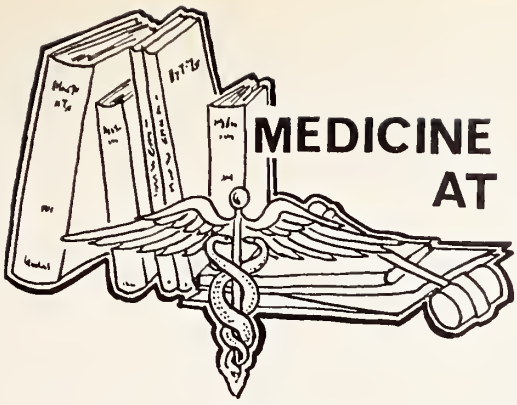
The more facts we know the more we can relate them to the general public. We now only want to change the image of the Auxiliary to the public so they will realize we do a lot of good things for our communities and are not just "playgirls," but we also are trying to learn the facts in regard to Medicare and Medicaid. Did you know that the Social Security Administration records show that during fiscal 1969 doctors received only 18 cents of each Medicare-Medicaid dollar? Hospital and nursing homes received 70 cents. I am sure most physicians know the answers to most of these questions we get asked but we wives often do not know them —such as how much of the actual health care dollar of a family goes to the doctor. We are told that the doctor has raised his fees by leaps and bounds but, according to the statistics of the past ten years, we can say that not only have the doctors not raised but the percentage has actually gone down. In 1960, 27.7 cents of the dollar went for the doctor but in 1969 it was 27.0; it went down but the hospital costs went up over 10 cents.

We can help to overcome the ignorance of the public to the facts and we will study and try to do our best to always help our doctors.

Now I will get back to planning for our convention; and here is hoping we have a big group arrive, so we can learn together, play together, be enthused and activated, but most of all be together.

Sincerely,

Doris M. Clouse



MEDICINE AT LAW

Surgery on Minor without Parental Consent—In certain cases it is not necessary to obtain parental consent for surgery on a minor if the consenting child is able to understand the procedure and the risks involved, the highest court of Kansas ruled. Other exceptions to this requirement which are generally recognized by the courts are: an emergency situation, emancipation of the child, and impracticality of obtaining parental consent in time to accomplish proper results.

A mother filed a claim on behalf of her 17-year-old daughter for injury to the tip of the daughter's right ring finger. The injury occurred at the hospital when the daughter was visiting her mother, who had just undergone major surgery. The daughter's finger was injured by a door hinge when a nurse closed the door to the mother's room. As a result, a bone was cracked and the skin was missing on the fingertip. The daughter was taken to the emergency room, where the resident surgeon treated her.

The mother contended that the accident was caused by negligence, but the court found that neither the hospital nor its employees were negligent. The mother further contended that the surgeon performed an unauthorized procedure on the daughter.

At the time of the injury, the mother was still partially anesthetized after surgery and the father was living 200 miles away at an unknown address. Before repairing the finger, the surgeon held a telephone consultation with the family doctor. The repair consisted of taking a graft from the forearm and stitching it onto the fingertip. During the time she was in the emergency room, the daughter was conscious and capable of knowing what was happening. There was no evidence that she objected to any part of the procedure.

The mother's testimony indicated that if she had been asked for her consent she would have relied on the judgment of the family doctor. The family doctor had been consulted by the surgeon and had given his approval.

On the basis of the evidence presented, the trial court decided in favor of the hospital. It found that during the repair procedure the daughter was conscious and capable of knowing what was taking place and that there was no resultant damage or disability as a result of the injury and treatment. Affirming the judgment of the lower court, the supreme court held that the case was an exception to the general rule requiring consent of a parent for surgery for a minor.—*Younts v. St. Francis Hospital and School of Nursing, Inc.*, 469 P.2d 330 (Kan.Sup.C., May 9, 1970).

Physicians Liable for Salmonellosis in Newborn Nursery—In a suit against a foundation and a medical group, a man and wife were awarded $1,510 by a California trial court jury for injuries ascribed to an infection contracted by their newborn daughter.

The couple contended that proper steps were not taken to prevent spread of a Salmonella infection through a newborn nursery. They claimed that employees did not wash their hands after handling one baby and before handling another, and that an infant known to have diarrhea was not isolated for the time prescribed by law. The alleged infection resulted in vomiting, diarrhea, cramps, loss of weight and permanent psychological distress.

Representatives of the medical group contended that nothing can prevent an infection from entering a hospital when a new patient is admitted. They insisted that they had done everything within the appropriate standard of care to prevent the spread of the infection. A physician testifying for the medical group contended that the infant's injuries were not caused by the Salmonella infection.

The couple's attorney asked for $200,000 in damages. After an 11-day trial, the jury deliberated for nine hours over a period of one and one-half days and returned a verdict of $1,510. The couple made a motion for a new trial.—*Capelouto v. Kaiser Foundation* (Cal.Super.Ct., Los Angeles Co., Docket No. 865068, 1970).

Hospital Liable for Obstetrical Misdiagnosis—A $50,000 verdict was returned by an Illinois jury against a hospital and in favor of a 37-year-old obstetrical patient who suffered a ruptured uterus and who claimed that two subsequent spontaneous abortions were related to the rupture.

The patient was admitted for a repeat cesarean section. An intern examined her after she complained of pain. He advised her that she was not in labor, but had mild gas pains. The uterus ruptured along the previous cesarean incision, and the baby was stillborn. The woman suffered two subsequent spontaneous abortions.

The patient claimed damages from the hospital, the intern, and a physician for the rupture, the subsequent abortions and for death of the child. The physicians and the hospital contended that the rupture was spontaneous.

The claim for the child's death was dismissed and a verdict was directed for the physician. The case against the intern was dropped.—*Maniates v. Grant Hospital* (Ill. Cir.Ct., Cook Co., Docket No. 65L-27737, 1970).◀

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—January 1971

Disease	Jan. 1971	Dec. 1970	Nov. 1970	Jan. 1970	Jan. 1969
Animal Bites	267	400	601	312	236
Chickenpox	458	328	182	619	685
Conjunctivitis	172	87	133	83	96
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	9	11	14	37	15
Gonorrhea	579	711	663	590	484
Impetigo	156	154	172	94	99
Infectious Hepatitis	17	42	49	46	22
Infectious Mononucleosis	73	114	99	85	61
Influenza	2551	1440	1545	2845	38177
Measles					
Rubeola	8	4	3	26	31
Rubella	163	41	53	124	68
Meningococcic Meningitis	1	2	2	1	7
Meningitis, Other	0	7	3	2	3
Mumps	618	267	243	196	235
Pertussis (Whooping Cough)	13	4	4	0	6
Pneumonia	570	403	455	456	754
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	894	598	668	867	725
Syphilis					
Primary & Secondary	29	42	18	39	30
All Other Syphilis	83	85	87	68	89
Tinea Capitis	7	10	2	2	26
Tuberculosis (Active)	77	63	76	101	61

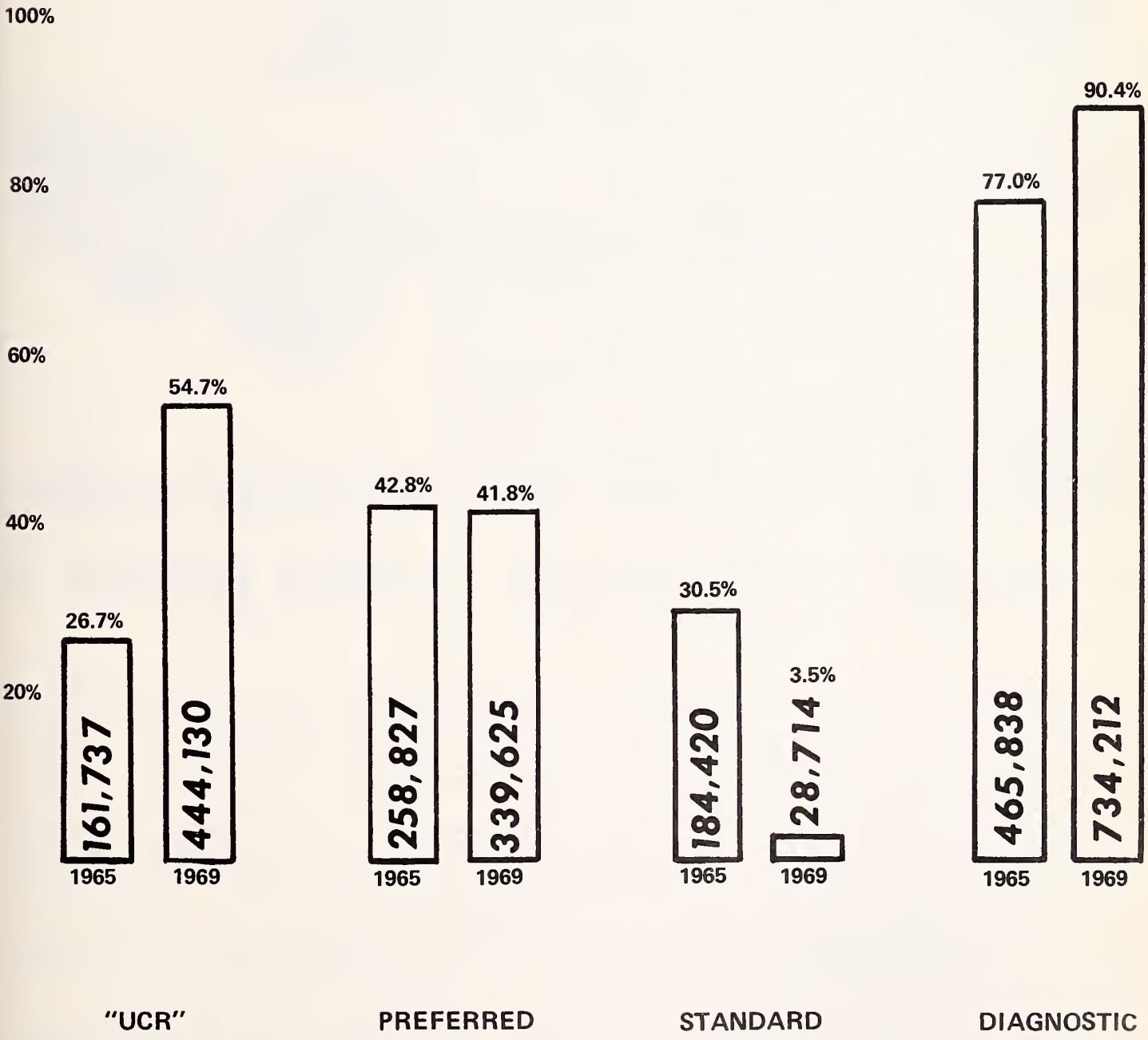
Blue Shield Members Upgrading Benefits

(One of a series prepared by Indiana Blue Shield)

Blue Shield members, during the past few years, have moved steadily and rapidly toward the improved benefits of "usual and customary" payment and the Preferred Schedule of Benefits.

An analysis of 1969 membership figures, the latest for which a breakdown is available, shows that in the period of four years "usual and customary" had become the most dominant form of coverage, accounting for more than 54 per cent of Blue Shield certificates.

Below is a table listing the average number of certificates for each kind of benefit during the year, and the percentage of the total for the three basic benefits plus diagnostic:



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Two bold adventurers, Harry Wohl, a retired Virginia newspaperman and Erik Gjullin, a Georgetown University graduate, recently returned from an exciting 46,000 mile journey—Alaska to South America. The complete year-long trek was covered in a fully self-contained Franklin Travel Home . . . Model TH-225 with a GMC V-6 four-speed truck unit. Their trip took them as far north as Circle, Alaska and south to Magellan Straits in Argentina. Map illustrated on side of Franklin Travel Home shows route traveled.

Enroute, the rugged unit edged its way out of numerous tough-going spots on unimproved trails, forded nearly 100 rivers and narrowly escaped a Peruvian earthquake. The Franklin Travel Home was driven up one-lane mountain paths at altitudes of 15,000 ft., the tough Alcan highway route and in sweltering heat of 100 degrees plus temperature . . . most rigs under these conditions would have cracked at the seams.

According to Harry Wohl, the 24 ft. long, 10 ft. high and 5 ton Franklin Travel Home's only maintenance stops were for routine servicing. Upon completion of the lengthy trip, the unit was returned to Franklin's plant for minor repairs and its first tune-up...not bad for traveling 46,000 miles spanning two continents in just one year.

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Continuing Education For Physicians

POSTGRADUATE COURSES IN INDIANA

Anatomical and Clinical Otolaryngology 56th Annual Course

March 28-April 9, 1971—Indianapolis

This offering is an intensive two-week course in anatomy of the head and neck with emphasis on surgical and developmental anatomy of this region. Thirty-six hours will be devoted to histopathology of otolaryngology. Lectures and demonstrations are designed to review basic principles and to present recent advances in the field. The course is open to recently certified or board-eligible physicians specializing in otolaryngology, as well as residents training in this specialty.

Presented by the Department of Otorhinolaryngology, the course is a cooperative effort on the behalf of faculty of the Indiana University School of Medicine: anatomists, anesthesiologists, internists, and pathologists.

Contemporary Clinical Pathology and the Referral Facility

April 21, 1971—Indianapolis

In the fields of chemistry, hematology, and microbiology, the regional referral facility provides selected diagnostic procedures which augment the clinical pathology capabilities of the community hospital. Typically, these procedures include chemical analyses (e.g., steroid determinations, high-resolution analyses), anaerobic microbiological technics and specialized coagulation assessments. This course considers the rationale, complications and limitations of selected regionalized diagnostic procedures.

A Symposium on Trauma Emergency Care

April 22, 1971—Lafayette

This conference is designed for all health care personnel involved in treating acutely injured patients. The morning session is devoted to allied health personnel and their roles in initiating care for the injured patient. The afternoon session then turns to the physician's management of trauma patients.

Topics for the day include: cardio-pulmonary resuscitation shock following trauma; acute injuries of the head, chest, and abdomen; and orthopedic emergencies.

Sixth Annual Indiana Multidisciplinary Child Care Conference

May 12-13, 1971—Indianapolis

The Sixth Annual Multidisciplinary Child Care Conference, to be held at Stouffer's Inn May 12-13, 1971, will consist of twelve seminars over a two-day period. Three seminars meeting simultaneously will permit the registrant to select topics of most interest to him (although attendance will be limited to 40 persons per discussion group). Each seminar will be three hours in duration.

Seminar leaders, national authorities in their fields, have been selected for their ability to present subject matter in an exciting and effective manner. Discussion topics will be those of current relevance to those practitioners who take care of children.

Orthopedics and the General Practitioner

May 19, 1971—Indianapolis

Directed towards problems encountered by the busy clinician, this course reviews the diagnostic and therapeutic aspects of common musculoskeletal complaints. Where practical, instruction will be by case presentations. And registrants are encouraged to participate in the discussion, bringing their own orthopedic cases for consultation.

ELSEWHERE

APRIL

ILLINOIS

Chicago

Fluid and Electrolyte Management
4/19/71 to 4/23/71
Tutorial—Advance Blood Banking
4/27/71 to 5/1/71
Blood Banking
4/25/71 to 4/30/71
Parasitology
4/29/71 to 5/2/71
One-Week Course in Obstetrics
4/19/71 to 4/23/71
One-Week Course in Gynecology
4/26/71 to 4/30/71
Specialty Review Course in Pediatrics
4/19/71 to 4/24/71
Course 1—Clinical Anesthesia Practice
4/5/71 to 5/4/71
Psychologic Management of the Patient With Progressive Disease, e.g., Cancer-Course 1005
4/28/71 to 5/26/71

Springfield

Coronary Care in the '70s—A Community and Statewide Problem
4/29/71 to 4/30/71

IOWA

Des Moines

Pediatric Conference
4/1/71 to 4/2/71

Iowa City

Postgraduate Conference on Pediatrics
4/1/71 to 4/2/71

MICHIGAN

Ann Arbor

Emergency Room Medicine
4/14/71 to 4/16/71

Eloise

Surgical Anatomical Review
4/26/71 to 5/21/71
Electrocardiographic Diagnosis
4/13/71 to 4/16/71
Clinical Pharmacology with Emphasis on Newer Drugs: Clinical Application of Recent Knowledge of Drug Interactions, Overdose Effects
4/19/71 to 4/29/71
Obstructive Airway Disease
4/28/71 to 4/29/71

New Concepts in Crisis Intervention and Suicide Prevention
4/1/71
Emergency Room Medicine
4/14/71 to 4/16/71

Detroit

Laryngoscopy and Therapeutic Bronchoscopy
4/26/71 to 5/7/71
Theoretical and Applied Radiobiology
4/5/71 to 6/19/71
Cancer of the Liver, Pancreas, Biliary Tract
4/23/71 to 4/24/71

MINNESOTA

Minneapolis

Spring Refresher
4/21/71 to 4/22/71

Rochester

Mayo Clinic Otolaryngology Alumni Seminar
4/1/71 to 4/3/71

OHIO

Cleveland

Second Annual Cleveland Clinic Sports Medicine Symposium
4/5/71 to 4/6/71
Symposium in Anesthesiology
4/14/71 to 4/15/71

Columbus

4th Annual Cancer Symposium
4/7/71

Anesthesia Conference
4/16/71

WISCONSIN

Madison

Mississippi Section Association for Research in Ophthalmology
4/2/71 to 4/3/71
Pediatric Immunology
4/1/71 to 4/3/71
Paranatal Radiology
4/22/71 to 4/24/71

Milwaukee

Blood Coagulation and Hemostasis
4/25/71 to 4/30/71 ◄

FUTURE MEETINGS, SEMINARS, COURSES

Spinal Cord Injury Care Subject of VA Course

The Veterans Administration will conduct its Fifth Postgraduate Course in the "Care of Spinal Cord Injury Patients" at the VA Hospital in Long Beach, Calif., from May 24 to May 28. Attendance is limited. To determine the eligibility of non-federal physicians write Dr. Erich G. Krueger, 810 Vermont Ave., N.W., Washington, D.C. 20420.

Foundations Subject of Four Conferences

Four regional conferences on Foundations for Medical Care will be held in April, May and June. They are sponsored jointly by the American Association of Foundations for Medical Care and HEW. The one closest to Indiana will be at Des Moines, Iowa, May 7 to 9. The others will be at Rochester, N.Y., April 16 to 18; at Keauhou Kona, Hawaii, June 9 to 11; and at Charleston, S.C., April 23-25. Each state medical association will make arrangements for its members to attend.

Colorado Schedules Four Courses

The University of Colorado School of Medicine announces courses of special interest to internists as follows: (1) "Management and Care of Respiratory Insufficiency," April 21 to 23; (2) "Clinical Dermatology," April 29 to May 1; (3) "Internal Medicine July 20 to 24; (4) "Recent Advances in Rheumatic Diseases," July 26 to 29. For detailed programs and further information write Postgraduate Medical Education, University of Colorado School of Medicine, 4200 E. Ninth Ave., Denver 80220.

Rheumatic Disease Symposium Scheduled

The Annual Rheumatic Disease Symposium, sponsored by the University of Louisville School of Medicine and the Kentucky Chapter of the Arthritis Foundation, will be held in Louisville at the Health Science Medical Center on Thursday, April 22. There is no registration fee. All members of ISMA are invited to attend. Copies of the program may be obtained by writing Symposium Program Committee, 1381 Bardstown Road, Louisville 40204.

Two PG Courses Set at Cleveland

The Cleveland Clinic announces two postgraduate courses: "Updating Neurology" on March 31 and April 1; and "Second Annual Sports Medicine Symposium" on April 5 and 6. Queries should be addressed to 2020 E. 93rd St., Cleveland 44106.

Kentucky Schedules Three PG Courses

The University of Kentucky at Lexington announces postgraduate courses as follows:

April 9, 10, 1971. Obstetrical Analgesia—Anesthesia and Neonatology. The purpose of this course is to review the means of providing safe and satisfactory analgesia for the woman in labor with either normal or complicated conditions of delivery. Fee $40.

May 14, 1971. New Approaches in Cancer Therapy. A symposium designed to explore those areas of cancer therapy where new approaches have significantly altered treatment. Fee $25.

May 19-21, 1971. Ambulatory Care of Children. For professionals who care for children. Fee $75.

For further information on any of these programs contact Frank R. Lemon, M.D., Associate Dean, Continuing Education, College of Medicine, University of Kentucky, Lexington 40506.

San Francisco to Be Site of Diabetes Course

The Third Allied Health Postgraduate Course in Diabetes will be presented in San Francisco, California, on April 19, 20 and 21, by the American Diabetes Association in cooperation with the University of California, San Francisco. The Course is offered in response to the need to convey the most current knowledge and teaching techniques to members of the health team who are concerned with instruction of diabetic patients and their families. It is directed in particular to nurses, nutritionists and dietitians.

Fee for the Course is $50 for members of the American Diabetes Association and $65 for nonmembers.

Write for details to the American Diabetes Association, 18 E. 48th St., New York 10017. ◄

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Trypsin: 100,000 N.F. Units, Chymotrypsin: 8,000 N.F. Units; equivalent in tryptic activity to 40 mg. of N.F. trypsin

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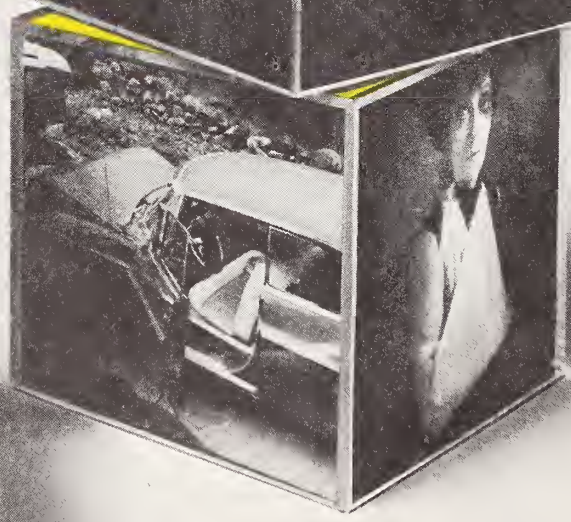

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☐ Accidental Trauma ☐ Postoperative Tissue Reactions.
Other conventional measures of treatment should be used as indicated. In infection, appropriate anti-infective therapy should be given.
Contraindications: ORENZYME BITABS should not be given to patients with a known sensitivity to trypsin or chymotrypsin.
Precautions: It should be used with caution in patients with abnormality of the blood clotting mechanism such as hemophilia, or with severe hepatic or renal disease. Safe use in pregnancy has not been established.
Adverse Reactions: Adverse reactions with ORENZYME have been reported infrequently. Reports include allergic manifestations (rash, urticaria, itching), gastrointestinal upset and increased speed of dissolution of animal-origin surgical sutures. There have been isolated reports of anaphylactic shock, albuminuria and hematuria. Increased tendency to bleed has also been reported but, in controlled studies, it has been seen with equal incidence in placebo-treated groups. (See Precautions.) It is recommended that if side effects occur medication be discontinued.
Dosage: One tablet q.i.d.

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Suppositories (aminacrine hydrochloride 0.014 Gm., sulfanilamide 1.05 Gm., allantoin 0.14 Gm.)

Contraindications: Known sensitivity to sulfonamides.
Precautions/Adverse Reactions: The usual precautions for topical and systemic sulfonamides should be observed because of the possibility of absorption. Burning, increased local discomfort, skin rash, urticaria or other manifestations of sulfonamide toxicity are reasons to discontinue treatment.
Dosage: One applicatorful or one suppository intravaginally once or twice daily.
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Dr. Lowell Coggeshall to Receive Award from College of Physicians

Dr. Lowell T. Coggeshall, now retired from the University of Chicago, and living in Foley, Ala., will receive the James D. Bruce Memorial Award of the American College of Physicians for distinguished contributions in preventive medicine. The award will be presented at the Annual Session which will meet in Denver March 29 to April 2.

1972 Cancer Conference Set

The Seventh National Cancer Conference will be held at the Biltmore Hotel, Los Angeles, September 27 to 29, 1972. The Conference is sponsored by the American Cancer Society and the National Cancer Institute. It meets every four years to provide a meeting place for cancer researchers and clinicians to review progress in treatment. All physicians are invited.

Dr. Karl Beierlein Retires

Dr. Karl M. Beierlein, Fort Wayne obstetrician-gynecologist, retired from active practice last fall. A graduate of the University of Michigan School of Medicine, Doctor Beierlein practiced in Fort Wayne ever since his graduation in 1931 except for a four-year tour of duty with the U. S. Army during World War II.

Chairs Lawyers-Doctors Committee

Dr. Bryant A. Bloss, Evansville, is serving as chairman of a joint committee of attorneys and doctors in the Evansville area who are endeavoring to establish standards for pay for courtroom appearances by physicians and develop a better understanding of the problems facing both professions.

"New Life" Film Offered

Winthrop Laboratories has issued a new page for its "Winthrop Library of Motion Pictures." It concerns a 16 mm color and sound film, with running time of 22 minutes, called "A New Life in Your Hands." All about protection of the newborn from staphylococcal skin infections.

AMA Names Nursing Advisor

Sister M. Raphael, M.S., Director of Patient Care—Nurse Relationships at St. John's Hickey Memorial Hospital of Anderson, has been appointed by the AMA Board of Trustees to a nine-member board of advisors to the AMA Committee on Nursing. The panel will provide the committee members with current information on important trends and problems in nursing.

Kiwanians Hear Dr. Cullison

Medical service in the Muncie area and the participation of Ball State University in the expanded program of medical education in Indiana were discussed by **Dr. John Cullison,** director of medical education at Ball Memorial Hospital, Muncie, at a recent meeting of the Winchester Kiwanis Club.

Now It's the Purdue Hospital

The Purdue University Student Health Center has been renamed the Purdue University Student Hospital. It was approved by the Joint Commission last year and re-accreditation as a hospital is expected this year.

Dr. Jack Hall Addresses Graduate Medical Assembly

Dr. Jack H. Hall, Indianapolis, was guest speaker at the New Orleans Graduate Medical Assembly early this month. He discussed "Practice of Prospective Medicine," "Prospective History of Heart Disease" and "Prospective History of Carcinoma of the Cervix."

Chicago Area Schedules 1971 Diabetes Camp

The Summer Camp for Diabetic Children will be conducted for the twenty-third year under the auspices of the Diabetes Association of Greater Chicago from July 18 through August 8, 1971 at Holiday Home, Lake Geneva, Wis. Boys and girls from eight through 13 years of age are eligible.

As in previous years, the camp will be staffed by resident physicians, nurses, dietitians and laboratory technicians, in addition to the regular counseling and domestic staff of Holiday Home.

Rates for the summer camp are arranged in accordance with individual circumstances.

Applications may be obtained from, and inquiries should be directed to: Diabetes Association of Greater Chicago, 620 North Michigan Ave., Chicago, 60611.

Mrs. Frank Green Honored

The name of Mrs. Frank Green, Rushville, editor of *Hoosier Doctor's Wife* and contributing editor of *MD's Wife*, was included in the 1970 edition of the "Foremost Women in Communication."

The women in the directory were selected for their professional accomplishments, works of merit, contribution to communication and to the public, and recognition of their respective professions. The names were secured through the cooperation of professional organizations and recommendations made by industry leaders.

Mrs. Green was listed in the first edition of "Who's Who of American Women," published in 1958. She is a member of the Women's National Press Club, the Press Club of Indiana and the International Platform Association.

Dr. Benjamin Braun Retires

A radiologist who was associated with St. Catherine Hospital, Hammond, for 36 years retired last fall. **Dr. Benjamin Braun,** who retired as director of the Department of Radiology, is a member of the Indiana Roentgen Ray Society of North America, the Radiologic Society of North America, the Chicago Roentgen Ray Society, the American Roentgen Ray Society and is a Diplomate of the American Board of Radiology.

AAOS Publishes Manual

"Emergency Care and Transportation of the Sick and Injured" has just been published by the American Academy of Orthopaedic Surgeons as an aid in the training of emergency medical technicians. It contains 58 chapters and over 200 illustrations detailing the practical application of emergency care and rescue techniques. It is written by more than 100 contributors. It is designed for use by both student and teacher and is available for $4.95. Write the Academy at 430 N. Michigan Ave., Chicago 60611.

Osteoporosis Movie, Booklet Offered

Ayerst Laboratories has a new medical film "Postmenopausal Osteoporosis: Differential Diagnosis and Treatment." The 30-minute film may be obtained for medical meetings by writing Ayerst at 685 Third Ave., New York 10117. There is also a "Questions and Answers" booklet on the same subject. Copies of the booklet may be obtained for distribution at the film-showing.

Explorer Post Hears Dr. Schubert

Dr. Jerome Schubert spoke at a recent meeting of the Fort Wayne Medical Explorer Post. Boys and girls of high school age interested in a career in the medical field are eligible for membership in the Post, which is sponsored by the Fort Wayne Medical Society, St. Joseph's Hospital and the Anthony Wayne Area Boy Scout Council.

Operating Room Technicians Schedule June Seminar

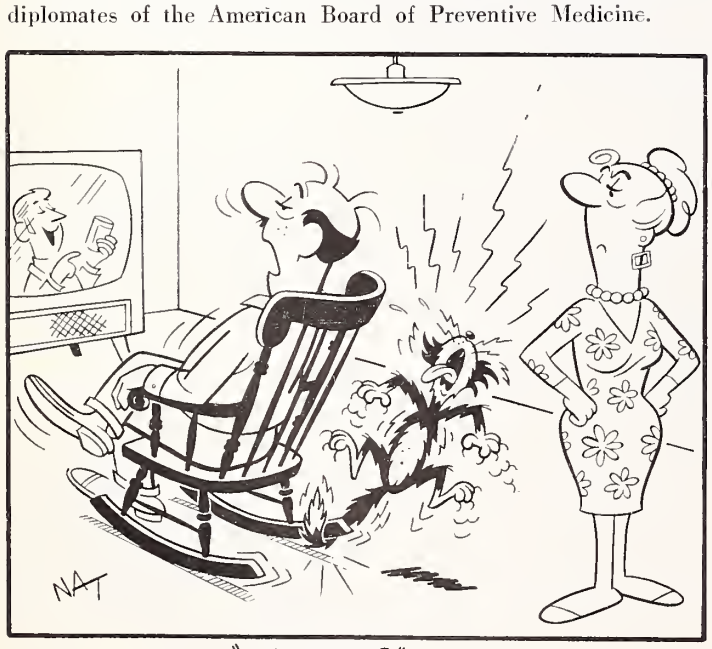
The Association of Operating Room Technicians invites all interested OR technicians, RNs, LPNs, students and others employed in allied health fields to attend its meeting and seminar to be held at the Atkinson Hotel in Indianapolis June 12-13. For further information as to registration fees, overnight accommodations and program, write the state president, Mrs. Iris Sarvich, 6127 N. Oxford St., Indianapolis 46220.

Dr. Sheek Named "Man of the Year"

Dr. Kenneth I. Sheek, Greenwood, was named "1970 Man of the Year" by the Greenwood Jaycees recently. Currently president of the Johnson County Medical Society, Dr. Sheek is also president of the Greenwood Board of Zoning Appeals.

Qualifications Expanded

The American College of Preventive Medicine has expanded its qualifications for membership to include physicians engaged full time in practice, teaching or research in the field of preventive medicine and who are Board certified in areas other than preventive medicine. The membership previously was limited to diplomates of the American Board of Preventive Medicine.



"YES, DEAR?"

Medical Mission Report Given

A report on the national convention of the Lutheran Medical Mission Association was given at a recent meeting of the Fort Wayne chapter of the association by **Dr. John F. Jackson, Fort Wayne.**

Three-Part Learning System On "Depression" Offered

A three-part learning system, which was produced by MedCom under the sponsorship of Lakeside Laboratories, includes a full-color documentary film (running time 30 minutes), a comprehensive monograph, and a self-evaluation section. It is designed to instruct general practitioners, obstetricians & gynecologists, internists, surgeons and teaching psychiatrists in regard to the etiology, symptoms, causes and treatment of depression. It is approved for two hours credit by the AAGP. Write Lakeside Laboratories, Professional Services Dept., 1707 E. North Ave., Milwaukee 53201.

Abortion Law Topic

Dr. Irving Rosenbaum, Indianapolis, discussed the Indiana abortion law at a recent meeting of the Indianapolis chapter of Zero Population Growth at the North Methodist Church.

Levodopa Booklets Offered

Four new booklets on the use of Dopar® (levodopa, Eaton) have been added to the "Clinical Insights" series. Eaton sales representatives or their Professional Services Department in Norwich, New York, will supply the booklets free. There are now six booklets in the series.

Visits Hadassah Medical Center

Dr. and Mrs. Sydney Choslovsky, Gary, recently returned from a visit to the Hadassah-Hebrew University Medical Center in Jerusalem. They were members of a special medical tour organized by Hadassah for U. S. doctors to study conditions at the medical center.

Reserve Forces-Aerospace Medical Meeting at Houston

Physicians and nurses who are affiliated with the Air National Guard and the Air Force Reserve are invited to attend the Eighth Annual Reserve Forces Medical Symposium in Houston, Texas, April 26 to 29. The symposium will be held at the Shamrock Hilton Hotel in conjunction with the Aerospace Medical Association meeting.

"Health—Our Thing" Topic

At the 58th annual meeting of the Indianapolis Visiting Nurse Association **Dr. Raymond H. Murray's** post-luncheon speech topic was "Health—Our Thing."

Dr. Evans Named Vincennes Trustee

Dr. Frederick H. Evans, Indianapolis otolaryngologist, has been appointed to the board of trustees of Vincennes University. A native of Terre Haute, Dr. Evans received his B.A. degree from Fisk University and his M.D. degree from Meharry Medical College. He has done postgraduate work at Columbia and Harvard.

Project Hope Dr. Zeier's Subject

Dr. Francis G. Zeier, Evansville orthopedic surgeon, spoke about the hospital ship, S.S. Hope, to the Evansville Scientec Club recently. Dr. Zeier has served on seven of Hope's missions since 1963.

Hospital Staff Officers Chosen

Medical staff officers have been elected at a number of hospitals throughout the state, as follows:

Dukes Hospital, Peru: **Dr. Parker W. Snyder,** president; **Dr. James U. Guthrie,** vice president; and **Dr. Lloyd L. Hill,** secretary. **Dr. Harold E. Rendel** will serve as chief of medicine; **Dr. John B. Berkebile,** chief of surgery; and **Dr. M. D. Sixbey,** chief of obstetrics.

St. Elizabeth Hospital, Lafayette: **Dr. George F. Ramsey,** president; **Dr. John M. Fritch,** president elect; and **Dr. E. E. Baker,** secretary-treasurer. **Dr. T. N. Petry,** was appointed to the new position of director of professional affairs.

Hendricks County Hospital: **Dr. David Haggard,** Plainfield, president; **Dr. Robert Kirtley,** Danville, vice president, and **Dr. Eric D. Clark,** secretary-treasurer.

Memorial Hospital, Jasper: **Dr. J. P. Salb,** chief of staff, and **Dr. Bernard Kemker,** secretary.

Elkhart General Hospital, Elkhart: **Dr. R. C. Boling,** chief of staff; **Dr. Virgil Graber,** vice chief of staff; and **Dr. M. H. Kesim,** secretary-treasurer. Drs. **D. F. Rupel** and **R. E. Echeverria** were elected to the executive committee.

St. Vincent Hospital, Indianapolis: **Dr. Charles J. Van Tassel, Jr.,** president; **Dr. Joseph C. Finneran,** vice president; and **Dr. John W. Armstead,** secretary-treasurer.

Porter Memorial Hospital, Valparaiso: **Dr. Frank Sturdevant,** president; **Dr. John Poncher,** president-elect; and **Dr. Roy Kingma,** secretary.

Methodist Hospital, Indianapolis: **Dr. John H. O. Mertz,** president; **Dr. Warren E. Coggeshall,** vice president; and Dr. William M. Huse, secretary-treasurer. **Drs. Arnold J. Bachmann, Louis W. Nie and Donald E. Stephens** were elected to the joint liaison committee with the hospital board of trustees.

Gibson General Hospital, Princeton: **Dr. W. E. Dye,** president; **Dr. R. E. Weitzel,** vice president; and **Dr. D. H. Lindauer,** secretary-treasurer.

Marion County General Hospital, Indianapolis: **Dr. Alexander T. Ross,** president; **Dr. Robert M. Butler,** vice president; **Dr. John D. Miller,** secretary; and **Dr. Arvine G. Popplewell,** treasurer. **Drs. Wayne L. Johnson, John Glover, John E. Heubi, Victor C. Hackney, H. William Gillen, Estell E. Morris, Raymond Murray, Duke Baker, C. J. Van Tassel and Gale E. Dryden** were elected committee chairmen and **Dr. Warren S. Tucker** was re-named parliamentarian.

Perry County Memorial Hospital, Tell City: **Dr. Robert Ward,** president; **Dr. Hargis Bush,** vice president; and **Dr. Gene Ress,** secretary.

Bloomington Hospital: **Dr. Ambrose C. Estes,** chief of staff: **Dr. Brad Bomba,** chief of staff elect; **Dr. Richard Schilling,** secretary; **Dr. J. W. Hammer, Jr.,** chief of medicine; **Dr. R. R. Fowler,** secretary to the medical section; **Dr. Charles McKeen,** chief of surgery; **Dr. Glenn Mather,** secretary to the surgical section. **Dr. Glen Ley** has been named to the executive committee.

Memorial Hospital, Michigan City: **Dr. Amos Arney,** president.

St. Joseph's Hospital, South Bend: **Dr. D. D. Stringer,** president; **Dr. Richard Schaphorst,** president elect; and **Dr. David Spalding,** secretary-treasurer.

Whitley County Hospital, Columbia City: **Dr. John S. Wilson,** president; **Dr. Frank Thompson,** president elect; and **Dr. Linus Minick,** secretary-treasurer.

St. Joseph Hospital, Kokomo: **Dr. H. M. VanDenbark,** president; **Dr. E. C. Harvey, Jr.,** president elect; **Dr. L. M. Cattell, Jr.,** secretary; **Dr. J. W. Higgins,** chief of obstetrics; **Dr. T. Scherschel,** chief of surgery; **Dr. A. K. Das,** chief of medicine; and **Dr. D. P. Lehman,** chief of anesthesiology.

St. Mary Hospital, Evansville: **Dr. John H. Sterne,** president; **Dr. Walter B. Hassel,** vice president; and **Dr. E. D. Gonrieux,** secretary-treasurer. **Dr. George W. Willison** will serve as chief of staff; department chiefs will be: **Drs. Julian D. Present, Eugene Austin, Hugh Stallings, Patrick J. V. Corcoran, Irvin L. Heimburger, Douglas J. Giorgio and John C. Slaughter.**

Parkview Memorial Hospital, Fort Wayne: **Dr. Raymond S. Beights,** president; **Dr. Justin E. Arata,** president elect; and **Dr. Nevin E. Aiken,** secretary-treasurer.

Margaret Mary Community Hospital, Batesville: **Dr. A. S. Libunao,** chief of staff; **Dr. William J. Warn,** vice chief of staff and **Dr. Manuel Garcia,** secretary-treasurer. Other members of the medical staff are: **Drs. George S. Row, L. W. Hisrich, W. C. McConnell, J. L. Paras and A. D. Ducanes.**

St. Francis Hospital, Beech Grove: **Dr. Elsworth K. Stucky,** president; **Dr. Ted L. Grisell,** president elect; and **Dr. Marvin C. Christie,** secretary-treasurer. **Drs. Charles R. Thomas and Chester A. Stayton** will also serve on the executive committee.

Deaconess Hospital, Evansville: **Dr. Wallace Adye,** president; **Dr. William Mullican,** vice president; and Donald L. Whitehead, D.D.S., secretary-treasurer. Members of the staff executive council and department chiefs are: **Drs. Edgar L. Engle, Gilbert Himebaugh, Charles W. Hachmeister, Joseph D. McDonald, Stanton L. Bryan, and Sam B. Baker.**

Continued

NEW PROSTHETIC METHODS OPEN NEW DOORS

New doors have been opened to amputees — thanks to new prosthetic techniques. During the past few years many recent prosthetic developments now offer improved function for the amputee, as well as better appearance and increased comfort.

SILASTIC SILICONE MATERIAL - Silastic is useful in forming distal-bearing or total-contact pads that apply form-fitted pressure on the distal end of stumps. The density of this material may be varied to suit the individual requirements of each amputee.

TOTAL CONTACT SOCKET - Developed by research, this new socket distributes weight bearing over the entire stump. It is particularly helpful in problem cases of poor circulation.

MOLDED SACH FOOT - This Solid-Ankle, Cushion-Heel foot is more durable and its one-piece construction is more pleasing in appearance.

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MUENSTER FITTING - Better control with less harness is achieved in this new method of fitting very short—below elbow stumps. The unusual socket shape utilized provides a more intimate fit assuring a more functional prosthesis.

For information on these developments, please write to:

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312 E. McMillan St., Cincinnati, Ohio 45219
3004 S. Wayne Avenue, Fort Wayne, Ind. 46807
416 N. Main Street, Evansville, Ind. 47711

I.U. Trustees Pick Corcoran to Head Evansville Medical Education Center

Dr. Patrick J. V. Corcoran, Evansville internist, has been named director of the proposed Evansville Center for Medical Education by the Indiana University board of trustees recently.

The Evansville center is to be one of seven regional medical education centers being proposed as part of the I.U. School of Medicine to provide facilities for training more medical doctors. It will be operated in conjunction with the existing educational facilities in Evansville.

A native of Montana, Dr. Corcoran has practiced his specialty of internal medicine in Evansville since 1943. He received his M.D. degree from Northwestern University School of Medicine and a Master of Internal Medicine degree from St. Louis University in 1943. He is a diplomate of the American Board of Internal Medicine and a fellow of the American College of Cardiology.

President of the Indiana State Medical Association in 1968-69, Dr. Corcoran served as president of the Vanderburgh County Medical Society in 1958-59 and on many committees and commissions of the state association.

1971 Health Officers Named

Among physicians recently appointed or reappointed as county or city health officers for the current year are the following:

Ripley County—Dr. Loyd W. Hisrich, Batesville.
Fort Wayne—Dr. A. P. Hattendorf.
Parke County—Dr. Casper Harstad, Rockville.
Vigo County—Dr. Hubert Goodman, Terre Haute.
Warrick County—Dr. Ernesto M. Camacho, Chandler.
Michigan City—Dr. King S. Jones.
Madison County—Dr. Everett Gaunt, Alexandria.
Gary—Dr. Herschel Bornstein.
Starke County—Dr. Clark McClure, Knox.

Governor Names Murray Mental Health Commissioner

Dr. William E. Murray, New Castle, who had been acting mental health commissioner since Sept. 1, 1970, was sworn in Jan. 14 as state mental health commissioner, following appointment to the post by Gov. Edgar D. Whitcomb.

Murray, 50, had continued to serve as superintendent of New Castle State Hospital during his tenure as acting commissioner.

Dr. John U. Keating, superintendent of Central State Hospital, Indianapolis, was acting commissioner from Sept. 1, 1969. until Sept. 1, 1970.

Family Practioners Invited to Michigan

The University of Michigan will again present its Northern Michigan Summer Course, a postgraduate instructional program to cover a variety of recent advances, developments and techniques that apply to diagnosis and treatment of problems that family practitioners commonly encounter. Fee for the week is $150. Single day registrations are $35. For information write Postgraduate Medicine, Towsley Center, Ann Arbor 48104.

Dr. William Province Named Trustee

Dr. William Province, Franklin, has been elected a trustee of Franklin College. On the executive board of the Indiana State Board of Health, Dr. Province is also a member of the Governor's Commission for Radiation Control.

Speaks on LSD and Related Drugs

Dr. Frank Hagie, Richmond, who is an advisor for the Community Drug Assistance Council, spoke on LSD and related drugs to members of three Richmond High School groups recently.

State Surgeons Choose Officers

Newly elected officers of the Indiana Chapter of the American College of Surgeons are: **Dr. Robert F. Nagan, Indianapolis,** president; **Dr. Justin Arata, Fort Wayne,** president-elect; and **Dr. E. C. Muller, LaPorte,** secretary.

Dr. James Bennett has been named program chairman for the annual meeting of the chapter, to be held May 7-9 in the Indianapolis Hilton.

Speaking Engagements Plentiful

Members of the Jefferson-Switzerland County Medical Society had a number of speaking engagements last November. **Dr. Theodore Fong** addressed the Indiana Conference of Welfare and Social Workers at Indianapolis. **Dr. Paul Bryan** spoke to a meeting of the Clark County Medical Society at Jeffersonville. **Dr. John Love** spoke at a meeting of the Scott County Medical Society. **Dr. Milton Lipson** was the guest speaker at a meeting of the Monroe-Owen Medical Society, while **Dr. Ott B. McAtee** conducted a workshop at Jasper on "How to Recognize and Treat Mental Illness in Industry" and also addressed a meeting of the Hancock County Medical Society.

Dr. Hedde Speaks to Rotarians

Dr. E. L. Hedde, Logansport, spoke about new concepts in blood banking at a recent meeting of the Logansport Rotary Club.

I.U. Honors Dr. C. W. Dahling

Dr. C. W. Dahling, New Haven, has been given an honorary membership in the Indiana University "I" Men's Association. Although he never competed in sports while in college there, Dr. Dahling has been an avid follower of sports. He has retired from active practice.

Jaycees Honor Dr. W. M. Barton

A physician who has served the residents of Centerville for 40 years was recently honored by his selection to receive the Centerville Jaycee "Service to Humanity Award." He is **Dr. W. M. Barton,** who opened an office in Centerville August 4, 1930.

Medical History Group Meets April 14 at IUMC

George Rosen, M.D., Professor of the History of Medicine and Epidemiology and Public Health at the Yale University School of Medicine, will speak at the April 14 meeting of the John Shaw Billings History of Medicine Society in Room M-124, Student Union Building, Indiana University School of Medicine. His topic will be: "The Neighborhood Health Center Movement—Its Rise and Fall." The program will begin at eight o'clock following a social hour which will be held in the same room and begin at seven o'clock.

Continued

NEWS NOTES

Continued

AMA Appoints Dr. Gardiner

Dr. Sprague Gardiner, Indianapolis, has been appointed as one member of the nine-member Committee on Health Care of the Poor recently organized by the AMA.

Teach Advanced First Aid

A number of Vincennes physicians are participating as instructors in a series of advanced first aid classes presented this winter for Vincennes firemen and ambulance service employees. The Knox County Medical Society sponsored the program as a service to the community.

Speaks on Hearing Problems

"Hearing Problems in Children" was the topic of a talk given recently by **Dr. Cyrus Moayad, Valparaiso.** The open meeting was sponsored by the Porter County school clincians and the school nurses.

Warsaw Doctors Tour Haiti

Two Warsaw physicians were among 12 persons who spent a week recently in Haiti on a mercy medical mission. **Drs. Clifford Fiscus and John Arford** were members of the group whose visit was under the sponsorship of the Child Care Foundation, Toledo, Ohio. The purpose of the group's trip was to establish future programming of both medical and dental groups working in countryside clinics.

Dr. Yunker Retires

After completing 38 years in medicine, **Dr. Philip E. Yunker, Howe,** retired from active practice Jan. 1. He will retain an office for consultation and plans to treat a few patients. Dr. Yunker practiced in Evansville from 1935 to 1951 with the exception of four years service with the U. S. Army in World War II, serving in New Guinea and the Philippines. The Yunkers moved to Howe in 1951 where Dr. Yunker served as county health officer for 17 years and was active in many community activities. He served as president of both the Vanderburgh and LaGrange County medical societies.

Honor for Dr. Oster

Dr. Jack Oster, Valparaiso, a retired Beatty Memorial Hospital psychiatrist, was recently made an honorary member of the American Society of Group Psychotherapy and Psychodrama.

Speaks to High 12 Club

"What's New in Radiology" was the topic chosen by **Dr. William Miller, Lafayette,** for a program presented by him to the members of the Greater Lafayette High 12 Club recently.

Clergymen Enrolled in Workshop

Twelve Indianapolis clergymen enrolled in a ministerial workshop sponsored by the Chaplain's office at Community Hospital. **Dr. Richard J. Shelly** served as a resource person and provided the leadership for the weekly sessions.

Water Pollution Dr. Troy's Topic

Dr. Jack Troy, Gary pediatrician, spoke on water pollution at a recent meeting of the Johnston School PTA in Gary and showed a film titled "Too Thick to Navigate—Too Thin to Cultivate."

Continued

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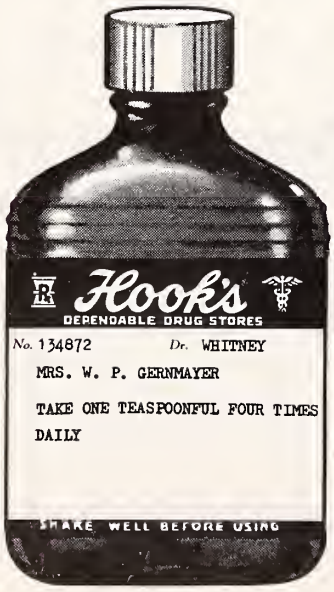
LOCK-ON SAFETY CAP

This is a unique "lock-on" cap designed not to be opened by children, ages one through seven. Yet it can be opened easily by adults—even arthritics. If you have small children in your home, ask the man-in-green pharmacist to put your medicine in this child-resistant container. It's yours free for the asking



AMBER COLOR

This is an amber colored bottle designed to "lock-out" light rays that may weaken your medicine. Many drugs lose their strength when exposed to light . . . but amber glass or plastic gives prescriptions 98% protection against light. We use amber bottles and vials for every prescription we fill . . . At no extra cost to you.

NEWS NOTES

Continued

Named ACS Fellows

Drs. Don C. Fields and Jack L. Kelley, Lafayette, were among 1,551 surgeons recently inducted as new Fellows of the American College of Surgeons.

Dr. Truman Caylor Speaks

"The Community Spirit" was the theme for the annual meeting of the Bluffton Chamber of Commerce and **Dr. Truman Caylor, Bluffton,** was the main speaker for the occasion.

Heads Respiratory Aid School

St. Margaret Hospital, Hammond, has announced the appointment of **Dr. F. R. Hieber, Munster,** as medical director of its newly opened school for inhalation therapy technicians.

Speaks at Salvation Army Forum

Dr. Ervin W. Heiser, Elkhart, spoke at the first session of a series of Family Forums sponsored by the Elkhart Salvation Army recently. His topic was the physical dimension of marriage.

Dr. Fred Kuipers Named

Lafayette physician **Fred M. Kuipers, M.D.,** was recently named to the American College of Physicians.

County Society Participating In Evansville TV Series

Titled "Health Care and You," a weekly series of half-hour television shows on medical care in Evansville is being aired.

Appearing on the January segments were Dr. John D. Wilson, Vanderburgh County Society president, and Drs. Bryant A. Bloss, I. L. Heimburger, T. J. Pavlick, L. H. Beisel, W. D. Ritchie, William C. Grimm, F. W. Porro and L. Ray Stewart.

Drs. Owen L. Slaughter, W. Thomas Spain, Frank J. Brakel, Mark E. Meyers, W. D. Mullican, Ronald Waddell and George W. Willison appeared on the Sunday night shows in February.

Dr. Martin Vancil is serving as moderator for the series.

Dr. Paine New Louisiana Editor

Dr. Mannie D. Paine, Jr., of New Orleans has been chosen as the editor of the Journal of the Louisiana State Medical Society. Dr. Paine has served on the Louisiana Journal Committee for many years.

Dr. Newsome Appointed

Dr. C. K. Newsome, Evansville, was recently reappointed to the Public Recreation Commission of Evansville.

High School to Be Named For Dr. Jesse B. Rogers

A new high school under construction in Michigan City will be named for a former obstetrician of that city who delivered more than 6,000 babies during a 43-year practice. Dr. Jesse Belmont Rogers, who died in 1938, is the man to be so honored. Active in work of the LaPorte County Medical Society for many years, Dr. Rogers served three years as a Councilor from the 13th District.◄

★

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What's New?

New book by Dr. A. Dudley Dennison, Jr., formerly of Indianapolis. The title is "Shock It To Me, Doctor!" It covers such subjects as "Do You Buy The New Morality?" "The Cap and Gown Disease," and "Will Science Replace Christianity?" The introduction is by Billy Graham. Published by Zondervan Publishing House—price $3.95.

* * *

A rapid method of determining the amount of lithium in serum by atomic absorption is announced by the Perkin-Elmer Corporation. The use of lithium-based drugs for certain mental disorders necessitates the test. A free copy of a reprint on the subject may be had by writing the Instrument Division, The Perkin-Elmer Corp. Main Avenue, Norwalk, Conn. 06852.

* * *

The Bethlehem Corporation has developed a new type of nonflammable pajamas for patients under treatment in hyperbaric chambers. The fiber is beta-fiber, tested under pressure of four atmospheres of pure oxygen without burning, the same material specified for astronauts' suits. The material is silky and comfortable. It is machine washable. The material is available also in yard goods 36 inches wide and may be made into pillow cases, sheets or similar items.

* * *

Upjohn announces Cleocin. It is a semi-synthetic modification of Lincocin which has a spectrum of *in vitro* activity against the most clinically significant gram-positive bacteria and a few species of gram-negative bacteria. It is characterized by speedy absorption into the blood stream. It has had relatively few and minor side effects. Laboratory tests have shown that Cleocin HC1 was 100% effective against 70 strains of pneumococci and 133 strains of streptococci. It was 95% effective against 616 strains of staphylococci. It should not be given with erythromycin.

* * *

Marsan Manufacturing of Chicago has a new line of convenience packaging of colostomy pouches and irrigating sets. Each product is shipped in protective cartons which have a perforated dispensing slot on top to permit easy, one-at-a-time withdrawal of either SAF-T-Pouch or Irrigating Tube. Market tests have shown tremendous customer approval.

Marsan also has a new ileostomy appliance. It is semi-disposable and is designed to facilitate changing, cleansing, and disposing of the soiled pouch. The face plate may be cemented to the body and retained for a prolonged period, with only the soiled pouch removed for cleansing or disposal. The face plate may be attached either with double-faced adhesive paper discs or with cement.

* * *

Dow Chemical has an atomic absorption spectrophotometer which can detect mercury in amounts as small as two-tenths part per billion. The method will determine total mercury content in water, brines, caustic soda, fish, sludges, mud, hydrogen and air. An analytical packet which gives details of the method is offered free to industry, government and research personnel.

* * *

Eaton Laboratories has prepared a Parkinsons's Service Program which is available free of charge from their medical sales representatives or from the plant in Norwich, N.Y. 13815. Eleven printed items are available including three booklets for patients, a nurses' manual, two monographs for physicians and a brochure on a training motion picture film.

* * *

Wyeth has added diphenhydramine hydrochloride, 50 mg. per ml., to its Tubex line of unit dose medications in prefilled sterile cartridge-needle units. It is supplied in packages of ten-1 ml units. Wyeth's Tubex line now includes 37 drugs and 68 dosage variations.

* * *

"A Doctor Looks at Heart Trouble" by Faye C. Lewis, M.D. has been published by Doubleday. It is a complete and honest discussion of heart disease for patients and families. Up-to-date, non-technical answers are provided to important questions. 154 pages, $4.95.

* * *

General Electric has a new 16-page BUYER'S GUIDE which describes their electronic patient-monitoring equipment. The GE system displays and records physiological indices including ECG, heart rate, blood pressure, temperature and EEG. Modules are available which permit heart pacing and arrhythmia detection. To obtain a copy write GE, 4855 Electric Avenue, Milwaukee 53201.

* * *

"The Doctors Shorthand" is a new handbook of abbreviations which are of interest to physicians. Identifies thousands of medical and related abbreviations. Written by Dr. Frank Cole, Editor of the Nebraska State Medical Journal. About 290 pages. Price is about $4.95. Write W. B. Saunders, W. Washington Square, Philadelphia 19105.

* * *

Union Carbide's Oxygen Therapy system includes a portable liquid oxygen unit, the Oxygen Walker, which weighs less than nine pounds full, provides oxygen for four hours when used continuously or for several days intermittently. The Walker's supply of 0.6 liters of liquid oxygen is equivalent to 550 liters of gaseous oxygen. The system also includes a reservoir for home use and for filling the Walker. The system is available on a physician's prescription from the Linde Division.

* * *

The Society of Professional Business Consultants has published a new brochure called "Need Advice From Someone With No Axe to Grind?" The brochure was prepared to tell doctors about the help they can get in dealing with the business side of their practices. For a free copy of the brochure or for further information on professional business consultants write the Society at 221 N. LaSalle St., Chicago 60601.

Continued

BioMarine Industries has an Oxygen Monitor for use in anesthesia and inhalation therapy. The sensor can be placed directly in the gas flow path and gives instantaneous readings. The sensor has automatic temperature compensation and is insensitive to moisture, carbon dioxide and pressure fluctuations. Audible and visual alarms are triggered when oxygen concentration deviates from a preselected range.

* * *

Snowden Research Company of Campbell, California, announces a smog control unit. It is similar to units used on submarines and moon capsules. Purifies the atmosphere in confined spaces by removing all particles, all odors and harmful gases, including carbon monoxide.

* * *

Posey has a terrycloth lap cover for use by patients in wheelchairs. It keeps the lower body covered and warm and in addition provides a lap belt and knee belt to steady the patient and prevent sliding forward. It may also be fitted with a shoulder strap which attaches to the push handles of the chair and prevents slumping forward.

* * *

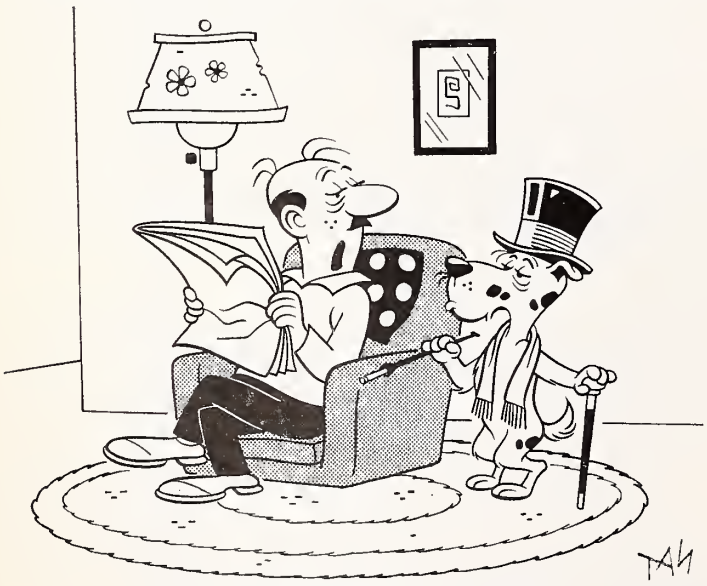
Eli Lilly announces that the price for Kafocin has been reduced by 25%. Kafocin is a member of the cephalosporin family which is effective when administered orally. It is recommended for urinary tract infection.

* * *

Rowell Laboratories has published a comprehensive clinical booklet of current literature on manic-depressive psychosis as a part of the professional information program related to Lithonate (lithium carbonate) in the treatment of manic-depressive disease. The booklet is available without charge by writing Rowell at Baudette, Minn. 56623.

* * *

International Biophysics has a new oxygen analyzer for use with respirators, incubators, etc. which runs on flashlight batteries. Response time is 95% of full reading in 15 seconds. It will analyze two samples and indicate the difference in oxygen content between the two, thus making it possible to know how much the patient is using. The analyzer may be equipped with audio and visual high-low alarm.



No. You cannot use the car tonight.

* * *

American Medical Products has an emergency medical kit which is very complete but will fit into a jacket pocket or glove compartment. It was devised by Dr. Harry Barnett of Michael Reese Hospital. Its name is MEDIKIT. Compactness is obtained by miniaturizing the equipment when possible and by nesting them in the case. It contains a thermometer, suture set, scissors, tracheostomy set, syringe, five medications, reflex hammer, flashlight, stethoscope and tissue forceps. It weighs 13½ ounces and measures 5¼" by 4¾" by 1". It enables the doctor to respond to emergencies at times when he is not carrying his regular bag.

* * *

Doubleday has released "The Encyclopedia of Human Behavior: Psychology, Psychiatry, and Mental Health" by Robert M. Goldenson, Ph.D. It is a two-volume work designed as a comprehensive summary of the scientific knowledge on psychology and psychiatry for the layman, the student and the general reader. Dr. Goldenson is a consultant for the Institute for Child Mental Health and for United Cerebral Palsy. The price is $24.95.

* * *

Nuclear-Medical Laboratories announces a new isotopic diagnostic test kit for the T3 test. Designated TRI-TAB™, it operates on a new principle for separating non protein-bound T3. The reaction is time and temperature independent. The standard deviation is 0.4 with a normal range of 35-45%.

* * *

Raytheon makes a completely portable ultrasonic medical analyzer. It weighs only 20 pounds and operates on ordinary 115-volt lines. The instrument is an adaptation of naval sonar and utilizes the echo principle to measure the depth of internal body structures. Its name is Sonavue-A.

* * *

The American Map Company has a road atlas of Europe, said to be one of the best ever published. It is designed for the English speaking tourist, has 94 pages of maps and a 40-page index of 23,000 place names. Year round information on best tourist areas. Also info on roads, ferries, railroads and airports. 18 detailed throughway maps of major cities. $6.95 at the local bookstore or $7.50 postpaid from the Company at 3 W. 61st St., New York 10023.

* * *

Wyeth's oral contraceptive, Ovral®, is now available in a convenient "3-Pak" package containing a three-month supply. In addition to the new 3-Pak, Ovral continues to be supplied in a carton containing six single-cycle Pilpaks™.

* * *

Dr. Frank G. Slaughter has written a novel dealing with the space program. The book covers not only the scientific and medical developments but also many social problems such as adultery, alcoholism, homosexuality, and drugs. The title is "Countdown." Published by Doubleday; 378 pages for $6.95.

Someone acutely ill needs this bed.

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Because of Medicenter, this hospital bed can be used y someone who needs it. That's what Medicenter is l about. A recuperative care facility specializing in the eeds of patients who no longer require the intensive care a general hospital and who are on the road to recovery. But that's only part of the Medicenter story . . . Beautilly carpeted and draped patient rooms, tasty foods, recation facilities, physical and inhalation therapy are st a few of many luxurious health care features that ake recovery in the Medicenter as pleasant and rapid as possible. The Medicenter is within minutes of acute care facilities. A professional medical staff supervises all recuperative care under the direct orders of each patient's personal physician. Room rates are nominal — about one-half the cost of general hospitals. And there's a growing list of insurance companies that already provide coverage for Medicenter recuperation.

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County, District News

Allen

Dr. Arnold Lieberman, New York City, was guest speaker for the joint meeting of the Fort Wayne-Allen County Medical Society and the Allen County Bar Association. His topic was "Unusual Cases from the Medical Examiner's Office." One hundred sixty-two physicians and attorneys were on hand for the meeting which was held at the Chamber of Commerce in Fort Wayne.

Dearborn-Ohio

Dr. Richard Meyer spoke on Medical Oncology to members of the Dearborn-Ohio Medical Society at their February meeting at the Dearborn Country Club. Ten members of the Auxiliary were present and plans were made for the District meeting in May.

At the January meeting, Norma Wolf, director of the Community Mental Health Clinic, was the speaker. County and District delegates to the ISMA were named as follows: Dearborn County, Dr. Leslie M. Baker, delegate, and Dr. Henry Conrad, alternate; Ohio County, Dr. Gordon Fessler, delegate, and Dr. Delfin David, alternate. Dr. David of Rising Sun was welcomed as a new member.

Dubois

Two new members were welcomed when the Dubois County Medical Society held its bimonthly dinner with the Auxiliary: Dr. Senen J. Encinas, English, and Dr. David McQuigg, Huntingburg.

Reports and tapes of the legislative conference held in Indianapolis Jan. 10 were heard.

Elkhart

The Goshen College Players presented "The Man Nobody Saw" at the February meeting of the Elkhart County Society. Afterwards, Glenn Good of the Family Counseling Service led a discussion. Members of the Auxiliary were also present for the dinner and program.

Fountain-Warren

A number of local matters were discussed at the February meeting of the Fountain-Warren County Medical Society at the Attica Hotel. Among the subjects considered were Rubella vaccination, family planning and the need for a comprehensive mental health center in the area.

Hancock

Dr. John G. Pantzer, Jr., Indianapolis, discussed plastic surgery at the January meeting of the Hancock County Medical Society. There was a good attendance for the dinner and program.

Lake

Despite a severe sleet storm, 60 members attended the January meeting of the Lake County Medical Society.

President Leonard W. Neal presented Dr. Lowell Steen with a plaque expressing the Society's admiration and appreciation for his efforts in behalf of his colleagues during his term as president of the Indiana State Medical Association.

New officers were installed as follows: Dr. J. J. Reed, Hobart, president; Dr. Daniel T. Ramker, Hammond, president-elect; Dr. R. R. Barton, Gary, secretary; delegate, Dr. Neal; alternate delegates, Dr. C. D. Egnatz, Schererville and Dr. Donald H. Rudser, Whiting; board of trustees, Dr. Lambro Dimitroff.

LaPorte

Dr. Robert Reid, Columbus, spoke on "Computerized Medicine" at the January meeting of the LaPorte County Medical Society. The program followed a dinner meeting at the Holiday Inn.

Parke-Vermillion

A discussion of the proposed extension of Indiana University Medical School to include training at Terre Haute during the first and fourth years took place at the January meeting of the Parke-Vermillion County Medical Society. Advantages to the area and to local physicians were mentioned.

Tippecanoe

Fifty-one members and four guests were present for the February meeting of the Tippecanoe County Medical Society at The Trails.

Wells

Dr. Russell S. Henry, director of the Division of Tuberculosis and Chronic Disease Control of the Indiana State Board of Health, spoke at the January meeting of the Wells County Medical Society. Eleven members and ten guests were present.

Vanderburgh

Dr. Steven C. Beering, associate dean of the Indiana University School of Medicine, presented a paper titled "The University Group Diabetes Program - A Critical Appraisal" at the January meeting of the Vanderburgh County Medical Society. Dr. Donald V. Elshoff was elected to active membership.

Drs. Sylvia Arroyo, formerly of Puerto Rico, and Carlos Mendez, a long-time member of the LaPorte County Medical Society, were elected to active membership at the December meeting.

Deaths

Milo M. Aiken, M.D.

Dr. Milo M. Aiken, 67, Plainfield, died Jan. 25 in his home.

The town of Plainfield recently honored Dr. Aiken, who retired from active practice in 1967, by naming the new auditorium at the high school the Milo M. Aiken Auditorium.

A graduate of the Indiana University School of Medicine and a past president of the Hendricks County Medical Society, Dr. Aiken was a member of the ISMA and the AMA.

Henry E. Bibler, M.D.

Dr. Henry E. Bibler, 76, Muncie general practitioner who was a Senior Member of the Indiana State Medical Association, died Jan. 5 in Ball Hospital.

A graduate of the Indiana University School of Medicine, Dr. Bibler practiced briefly at Albany before moving to Muncie in 1927. He was a member of the Delaware-Blackford County Medical Society, the ISMA, AMA and was a veteran of World War I. Dr. Bibler served on the Commission on Special Activities for many years.

Walter C. Bond, M.D.

Dr. Walter C. Bond, who had practiced at Clay City for more than 43 years, died Jan. 5 at the Clay City gymnasium while treating an injured basketball player.

Dr. Bond, who served as Clay County coroner for two terms, was 75 years of age and a veteran of World War I. He was a member of the AMA and of the Clay County Medical Society and was a Senior Member of the Indiana State Medical Association. He graduated from the Indiana University School of Medicine in 1927.

Marion M. Crum, M.D.

Dr. Marion M. Crum, 64, Angola, died Nov. 25 while on duty at Cameron Hospital.

Dr. Crum was a member of the Steuben County, Indiana State and American Medical Associations. He served with the Army Air Force in the European Theater during World War II. For many years Dr. Crum served as Angola city health officer and was a member of the Steuben County Board of Health at the time of his death. He was a graduate of the University of Louisville School of Medicine and had practiced in Angola since 1937.

Jesse P. Galbreath, M.D.

Dr. Jesse P. Galbreath, 93, Burnettsville, who had retired from general practice in 1969, died Feb. 1 at Memorial Hospital, Logansport. He graduated from the Northwestern University School of Medicine in 1904 and practiced in the Burnettsville area for 65 years.

Max M. Gitlin, M.D.

Dr. Max M. Gitlin, 71, Bluffton, died Jan. 27 at Lutheran Hospital, Fort Wayne.

A veteran of both World Wars, Dr. Gitlin had practiced at Bluffton for 45 years, 35 of which were in association with his brother, Dr. William A. Gitlin. He served as Wells County health officer from 1934 until 1940 and as county coroner from 1940 to 1942. A graduate of the Indiana University School of Medicine, Dr. Gitlin was a Senior Member of the ISMA, the AMA and the Wells County Medical Society.

Frederick G. Greene, M.D.

Dr. Frederick G. Greene, retired Parke County physician, died Jan. 24 at a Rockville nursing home. Eighty-eight years of age, Dr. Greene had practiced at Bloomingdale for 55 years following two years of practice at Dana.

Dr. Greene was graduated from the University of Louisville Medical School and was a veteran of World War I. He was a Senior Member of ISMA and a member of the Parke-Vermillion County Medical Soeiety.

George L. Jones, M.D.

Dr. George Lehman Jones, 64, Wanamaker, died Jan. 4 in his home. A graduate of the Indiana University School of Medieine, he had been in general practice at Wanamaker for 39 years. He was a staff member at St. Francis Hospital, Beech Grove, and Methodist Hospital, Indianapolis.

Dr. Jones was a member of the Marion County, Indiana State and American Medical Associations.

Charles H. Keever, M.D.

Dr. Charles H. Keever, 74-year-old Indianapolis physician, died in Winona Memorial Hospital Feb. 7.

Last year a new health center at the State School for the Blind, 7725 N. College Ave., Indianapolis, was named in honor of Dr. Keever, who had served as the school's physician more than 15 years.

A former Marion County coroner, he was a graduate of the Indiana University School of Medicine and saw service with the Army Medical Corps during World War I. Dr. Keever was a Senior Member of the ISMA and AMA.

George T. Paulissen, M.D.

Dr. George T. Paulissen, anesthiologist at St. Francis Hospital, Beech Grove, died Dec. 19 at St. Francis Hospital.

Dr. Paulissen, who was 64, was a graduate of St. Louis University Medical School and served in the Army in World War II. He was a member of the Marion County, Indiana State and American Medical Associations.

Howard H. Rowe, M.D.

Dr. Howard H. Rowe, 62, Rochester, died Dec. 19 in South Bend Memorial Hospital.

A Fulton County native, Dr. Rowe had returned to Rochester and practiced there since 1944. He was a graduate of the Indiana University School of Medicine and was a former chief of staff of Woodlawn Hospital, former county coroner and served for three years as Fulton County Medical Society president. He was a member of the Association of American Physicians and Surgeons, Inc., the ISMA and AMA. He had recently headed the successful eampaign to raise funds to equip the coronary and intensive care unit at Woodlawn in memory of the late Dr. E. V. Herendeen.

Alvah P. Warman, M.D.

Dr. Alvah P. Warman, Indianapolis general practitioner, died in Methodist Hospital Dec. 14. He was 85.

A graduate of the University of Louisville Medical School, he saw service in the Army Medical Corps in World War I. Dr. Warman was on the staffs of Methodist and Community Hospitals and was a Senior Member of the Indiana State and American Medical Assoeiations.

Herbert C. Wurster, M.D.

Dr. Herbert C. Wurster, Mishawaka ophthalmologist and otolaryngologist, died Feb. 8 at St. Joseph's Hospital, South Bend.

A native of Indianapolis, Dr. Wurster was 69 and had practiced in Mishawaka since 1933. A graduate of the Indiana University School of Medicine, Dr. Wurster took additional training at the Maritime School in Staten Island, N.Y., and the Manhattan Eye Hospital and Midtown Hospital, both in New York City. He taught at the St. Joseph Hospital, Mishawaka, Nursing School for 20 years and was a member of the St. Joseph County Medical Society, ISMA, AMA and the Indiana Academy of Ophthalmology and Otolaryngology. ◄

Association News

EXECUTIVE COMMITTEE

January 30, 1971

The Executive Committee met in the headquarters office at 6:00 p.m. Saturday, January 30.

Roll call showed the following present: Donald M. Kerr, M.D., chairman; Malcolm O. Scamahorn, M.D.; Peter R. Petrich, M.D.; Joe Dukes, M.D.; Lester H. Hoyt, M.D.; Wilbert McIntosh, M.D.; Hugh K. Thatcher, M.D.; Frank B. Ramsey, M.D., and James A. Waggener.

MINUTES OF THE MEETING held December 16 were approved on motion of Drs. Petrich and Scamahorn.

Membership Report

Membership report as of December 31, 1970:

Number of members as of December 31, 1970		4,508
1970 members as of December 31, 1970:		
Full dues paying members	3,962	
Residents and interns	95	
Board remitted	57	
Senior	352	
Honorary	3	
Military	39	
Total 1970 members as of December 31, 1970		4,508
Total 1969 members as of December 31, 1969		4,482
Number of AMA members as of December 31, 1969		4,330
1970 AMA members as of December 31, 1970		4,334
Full dues paying	3,789	
Exempt, but active	545	
	4,334	
Number who have paid state dues but not AMA dues as of December 31, 1970		174
Number who paid state dues but not AMA dues as of December 31, 1969		152
1971 membership report as of December 31, 1970:		
Full dues paying	891	
Interns and residents	15	

Headquarters Office

TAX ON UNRELATED INCOME—The secretary presented a report of the auditor for payment of tax on unrelated income. The treasurer was authorized to sign the form and this was taken by consent.

CONTRACT FOR 1972 MEETING—Contract between the association and the Indianapolis Convention Center for the 1972 meeting: on motion of Drs. Petrich and McIntosh, the secretary is authorized to sign the contract.

AMA MEMBERSHIP RANKING—The secretary reported that Indiana ranked eleventh in the nation in AMA membership.

HONORARIUM, COUNTY SOCIETY OFFICERS CONFERENCE—An honorarium for out-of-state speakers who appeared before the County Society Officers Conference was discussed and, on motion of Drs. Dukes and Petrich, the speakers are to be paid a $100 honorarium in addition to expenses.

HILTON HOTEL 1971 MEETING—Plans for the 1971 meeting were discussed. The secretary reported we would be unable to have exhibits in the Hilton Hotel and have any space left for meetings. On motion of Drs. Scamahorn and McIntosh, the secretary is instructed to reserve all the facilities for use of the association in 1971.

ELECTRIC POWER AGREEMENT—A proposal from the Indianapolis Power and Light Company to change the electrical contract basis was deferred on motion of Drs. Petrich and Dukes pending receipt of a full year comparison rather than six months.

LETTER FROM OHIO STATE MEDICAL ASSOCIATION—A letter from the Ohio State Medical Association asking the Executive Secretary to attend a special meeting in Columbus, Ohio, on February 24th was read and, on motion of Drs. Petrich and Scamahorn, the secretary was authorized to attend.

DECORATOR FOR 1971 MEETING—On motion of Drs. McIntosh and Petrich, George Fern and Company was selected as the decorator for the 1971 Convention.

EOB FORM FOR CHAMPUS—The secretary presented an Explanation of Benefits Form which is being requested by the Champus program and the copy was approved on motion of Drs. Scamahorn and Petrich; this is to be reported to the Board of Trustees for their information.

Treasurer's Office

The treasurer reviewed the report of income and expenses for December 1970; cash and securities report and investments, together with a breakdown of receipts and expenses. The report was approved on motion of Drs. Hoyt and Dukes.

Organization Matters

LETTER FROM ALLEN COUNTY—A letter from the Allen County Medical Society requesting legal opinion from the association's legal counsel on several questions dealing with foundations was reviewed and, by consent, the secretary was instructed to notify the Allen County Medical Society that while there are many foundations under consideration by county medical societies, there were many differences in the type of foundations planning to be established. Therefore, a legal opinion would not, in this case, fit all foundations and they should be advised to seek their own legal counsel for their special type foundation.

REPORT OF ADVISORY COMMITTEE TITLE 18 and 19—The report of the Advisory Committee on Title 18 and 19 was reviewed for the information of the committee.

LETTER FROM BARBARA STOBER—A letter from a Barbara Stober expressing gratitude for the care rendered her by an Indiana physician was read for the information of the committee.

LETTER FROM THE INDIANA YOUTH POWER CONFERENCE—A letter from the Indiana Youth Power Conference requesting renewal of the $50 contribution to that organization was approved on motion of Drs. Petrich and Scamahorn.

LETTER ON WHITE HOUSE CONFERENCE ON AGING—A letter was read in reply to the Association's letter to the Governor concerning physician representation on the committee planning for the White House Conference on Aging. This was read for the information of the committee.

LETTER, AMA JUDICIAL COUNCIL—A copy of the letter written to the Judicial Council concerning doctors serving in profit-making HMO organizations was read for the information of the committee.

MARION COUNTY HEALTH CARE MATTER—The discussion concerning the proposal of OEO Control Center to create a Health Planning Council for a medical care program in Marion County was reviewed for the information of the committee. A letter from the Marion County Medical Society explaining their opinion concerning the above matter was read for the information of the committee.

LETTER FROM DR. HARSHMAN—A communication from Dr. Harshman, alternate trustee, was reviewed for the information of the committee.

STOCKHOLDERS MEETING MEDI-TECH—A report of the stockholders' meeting of Medi-Tech, Inc., was called to the

attention of the committee for their information.

LETTER FROM DR. NEUMANN—A letter from Dr. Neumann addressed to the members of the Blue Cross Medical Advisory Committee was read for the information of the committee.

RESOLUTION FROM DEKALB COUNTY MEDICAL SOCIETY—A resolution from the DeKalb County Medical Society concerning malpractice matters was reviewed and taken as a matter of information.

REQUEST FROM RMP—A request from RMP for the names of two physicians to serve on the long range goals committee was reviewed and, following the discussion, it was decided to refer this to the Board of Trustees.

LETTER FROM RICHARD B. WOLFE, D.O.—A letter from Richard B. Wolfe, D.O., concerning the development of liaison between the Medical Association and the Osteopathic Association was reviewed and, by consent, it was recommended that this be referred to the Board of Trustees with the strong recommendation that the president be authorized to proceed with the development of such a program.

DR. NEUMANN AD HOC COMMITTEE BLUE SHIELD RELATIONS—Copies of correspondence over the signature of Dr. Neumann regarding the Ad Hoc Committee's activity with respect to Blue Shield relations was reviewed and, on motion of Drs. Scamahorn and Hoyt, the contents of letters were approved.

REQUEST FROM WOMAN'S AUXILIARY—A request from the Woman's Auxiliary for a $1,000 contribution was approved on motion of Drs. Scamahorn and Petrich.

ACTION OF AHA BOARD OF TRUSTEES—A resolution adopted by the Board of Trustees of the American Hospital Association directed to the Department of HEW and calling upon them to establish regional meetings to resolve the nurse shortage was reviewed for the information of the committee.

LETTER FROM BARBARA BACKER, M.D.—A letter from Barbara Backer, M.D., addressed to the president, was read for the information of the committee.

LETTER FROM KENTUCKY MEDICAL ASSOCIATION—A letter from the Kentucky Medical Association seeking support of Indiana in electing Dr. Carroll L. Witten to the AMA Council on Constitution and Bylaws was read for the information of the committee.

LETTER FROM NEW YORK MEDICAL SOCIETY—A letter from the Medical Society of the State of New York announcing their plans to run Dr. Edward C. Hughes for the position of Trustee of the AMA was reviewed for the information of the committee.

TELEPHONE LISTINGS—The secretary reported on a conference he had had with a physician and the telephone company concerning listing in the telephone directory in which the doctor desired to show he was incorporated. We have checked with the Judicial Council and at the present time this is not held unethical.

By consent, the secretary is to inform the telephone company and the physician that our position is the same as that of the AMA and this will not be unethical in any way.

GROUP CAR INSURANCE—A proposal of Russell Tolley Associates concerning a group car insurance program was deferred until the next meeting of the committee.

LETTER FROM RADIO STATION WIFE—The secretary reported that a radio program be developed around vignettes of Indiana medical history and read a letter in reply from Radio Station WIFE stating they were willing to air such a program; the preparation of such a program was approved on motion of Drs. Scamahorn and Hoyt.

STUDENT - FACULTY - PHYSICIAN RETREAT—The president reported on the Retreat held in French Lick in September by medical students, medical school faculty and members of the association, and the secretary was instructed to send copies of this report to members of the Executive Committee.

LETTER FROM ROBERT FORSTE—The president read a letter from Robert Forste soliciting a donation for the publication of a book to be known as "The Circle," and the secretary was instructed to advise Mr. Forste that the association is unable to do so at the present time.

SPEAKERS FOR SCIENTIFIC PROGRAM—The president brought up the question concerning payment for speakers selected by specialty societies to put on the scientific program at the '71 annual meeting and, by consent, it was agreed that the specialty groups should be requested to submit names of the speakers they intended to invite to the Executive Committee which then would be in a better position to decide the amount of reimbursement that could be made for these various speakers.

Legislative Matters

HOSPITAL LAW—The secretary called attention to the law to recodify county hospital laws of this state and informed the committee he had met with the attorney for the Hospital Association and raised objection to two sections of the bill and, as a result, the Hospital Association had rewritten these two sections, which were then reviewed. By consent, the revisions were approved.

FOREIGN PHYSICIANS—The secretary then discussed the problems of licensure for foreign physicians and, by consent, this is to be reported to the Board of Trustees.

MEDICAL DISCIPLINARY LAW—The Medical Disciplinary Act was discussed and, inasmuch as this will be discussed by the Board, no action was taken by the Executive Committee.

Legal Matters

A reply from the attorney to a question raised about the responsibility of physicians working in Blood Banks was reviewed for the information of the committee.

Malpractice

A claim for medical defense in which the doctor requested $450 for payment of an attorney was approved on motion of Drs. Scamahorn and Petrich.

New Business

RMP BOARD MEETINGS—A letter from Robert Stonehill, Director of the Regional Medical Program, seeking permission to hold their Board meetings in the Headquarters building of the association was referred to the Board of Trustees.

LETTER FROM KENTUCKY ARTHRITIS FOUNDATION—A letter from the Kentucky Arthritis Foundation asking to have envelopes addressed for a program to be held in Louisville, was approved on motion of Dr. Scamahorn and taken by consent.

DR. REID'S OFFER ON MEDI-TECH—Dr. Robert Reid appeared before the committee and offered to return the $5,000 given to Medi-Tech by the association. On motion of Drs. Petrich and Scamahorn, it was moved that Dr. Reid's offer to return the $5,000 be accepted and that the Executive Committee strongly recommend to the Board of Trustees that this fund be invested in the Medical Foundation and used for investigation and research on use of the computer program in medicine which should be medically oriented.

BLUE SHIELD CLAIMS FOR MEDICAID AND MEDICARE—Dr. Thatcher brought up the question of the Blue

Shield requirements for filing claims for Medicaid and Medicare patients and this matter is to be discussed with Blue Shield representatives in the Board meeting on January 31st.

Journal

A request for the purchase of space by VanKampen, Wauterlek & Brown, Inc., was approved by consent.

The request for an ad concerning the liquidation of an Indianapolis surgical supply house was approved by consent.

Future Meetings

PAS and MAP PROGRAM in Louisville, Ky., February 4—no representative is to be sent.

AMA REGIONAL MEETING ON MEDICINE AND RELIGION in Chicago on February 13—it was agreed that Dr. Soper would replace Dr. Kintner for attendance at this meeting.

67TH ANNUAL CONGRESS ON MEDICAL EDUCATION in Chicago, February 11 - 15—the president was authorized to attend.

AMA RURAL HEALTH CONFERENCE in Atlanta, Ga., March 25-26—no representative will be sent.

FIFTH NATIONAL CONGRESS ON SOCIO-ECONOMICS OF HEALTH CARE in Las Vegas April 2 & 3—the president is authorized to attend.

THIRD NATIONAL CONFERENCE & EXPOSITION ON ELECTRONICS IN MEDICINE in New York April 13, 14, 15—no representative will be sent.

AMERICAN COLLEGE OF LEGAL MEDICINE in New Orleans—May 7 & 9—no representative will be sent.

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IN MICHIGAN—Well trained, family physician of retirement age, doing largely internal medicine and grossing over $100,000 per year, desires competent younger man as replacement associate. Excellent hospital and office facilities, in rural area. Inquire: Box 364, The Journal, ISMA. 3935 N. Meridian St., Indianapolis 46208.

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CONTACT, Francis P. Jones, M.D. 357-5110

FOR SALE: Radiologic practice and equipment. H. Joseph Cronin, M.D., 3400 N. Meridian St., Indianapolis 46208. 317-924-1239.

LOCUM TENENS NEEDED for June, July and August, or any part thereof. Cover E. R., possibility of some inpatient and relieve in physician office. Consider intern or resident between programs or awaiting military service. Fee open. Contact Administrator, Gibson General Hospital, 1808 Sherman Drive, Princeton, Indiana 47570—Call collect 812/385-3401.

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April, 1971 • Vol. 64 • No. 4

The JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION

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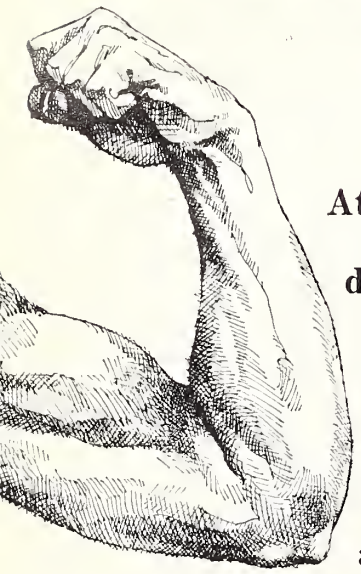
PART TWO . . . / *Development of a Transplantation Team in Indiana*

PASTORAL CARE, EVALUATION AND PRE-OPERATIVE CARE, PSYCHIATRIC PROBLEMS

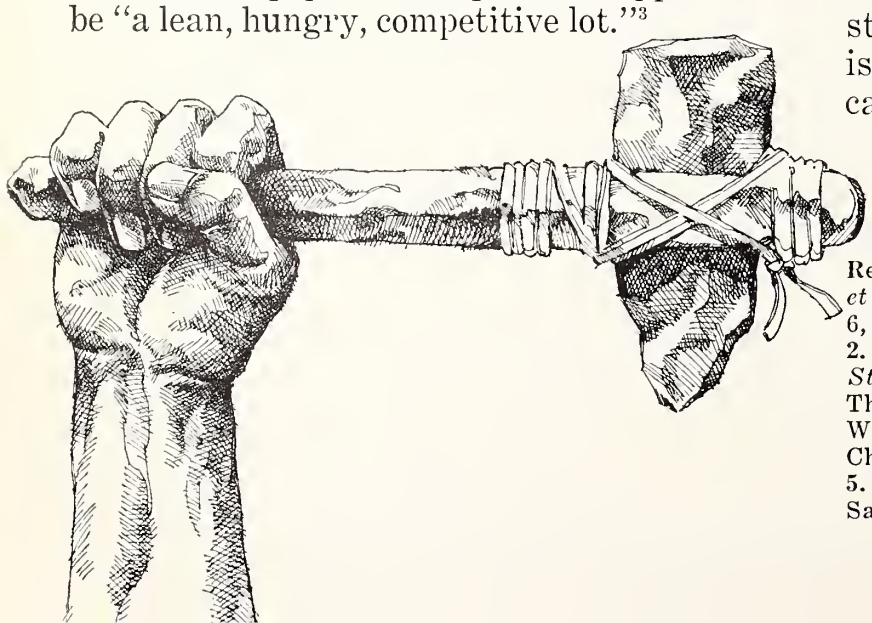
IF MORE MEN CRIED



At least seventy-five out of one hundred adults with duodenal ulcers are men.[1] Why? It may be significant that duodenal ulcer patients tend to crave recognition and are "especially vulnerable to threats to their manly assertive independence."[2]

Hypersecretion—an atavistic response. Stewart Wolf, who, with Harold G. Wolff, studied the personalities of duodenal ulcer patients, wonders if masculine competitiveness is related to "an atavistic urge to devour an adversary." It is striking, he reports, that an accentuation of gastric acid secretion and motility can be "induced in ulcer patients by discussions that arouse feelings of inadequacy, frustration and resentment."[2]

By chance? A lean, hungry lot. Was the link between emotions and gastric hyperacidity acquired through mutation to serve a purpose? During man's jungle period of evolution, the investigator points out, a male dealt with a foe by killing and devouring it. "It may be more than coincidence," he concludes, that peptic ulcer patients appear to be "a lean, hungry, competitive lot."[3]



Big boys don't cry. If more men cried maybe fewer would wind up with duodenal ulcers. But men will be men—the sum total of their genes and what they are taught. Schottstaedt observes that when a mother admonishes her son who has hurt himself that big boys don't cry, she is teaching him stoicism.[4] Crying is the negation of everything society thinks of as manly. A boy starts defending his manhood at an early age.

Take away stress you can take away symptoms.

There is no question that stress plays a role in the etiology of duodenal ulcer. Alvarez[5] observes that many a man with an ulcer loses his symptoms the day he shuts up the office and starts out on a vacation. The problem is, the type of man likely to have an ulcer is the type least likely to take long vacations or take it easy at work.

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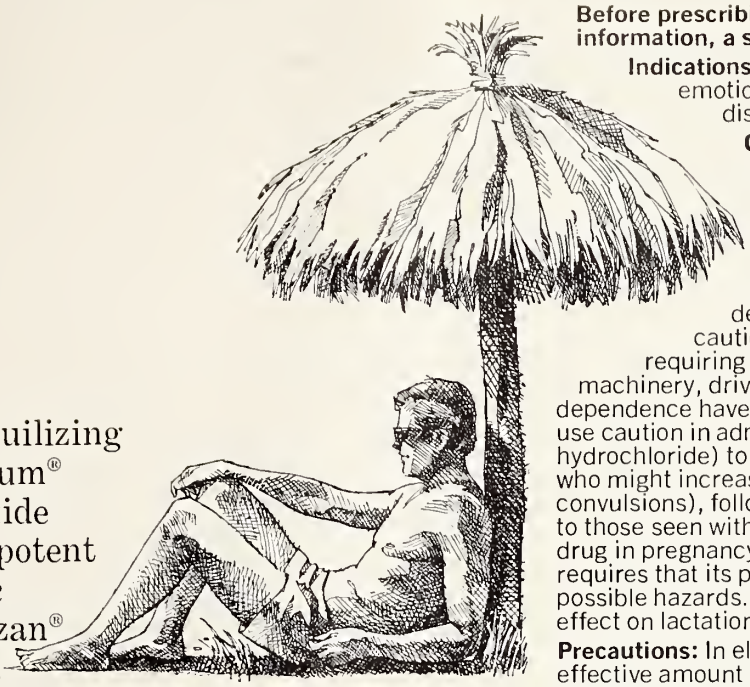
References: 1. Silen, W.: "Peptic Ulcer," in Wintrobe, M. M. *et al.* (eds.): *Harrison's Principles of Internal Medicine*, ed. 6, New York, McGraw-Hill Book Company, 1970, p. 1444. 2. Wolf, S., and Goodell, H. (eds.): *Harold G. Wolff's Stress and Disease*, ed. 2, Springfield, Ill., Charles C. Thomas, 1968, pp. 68-69. 3. *Ibid.*, p. 257. 4. Schottstaedt, W. W.: *Psychophysiologic Approach in Medical Practice*, Chicago, Ill., The Year Book Publishers, Inc., 1960, p. 163. 5. Alvarez, W. C.: *The Neuroses*, Philadelphia, Pa., W. B. Saunders Company, 1951, p. 384.



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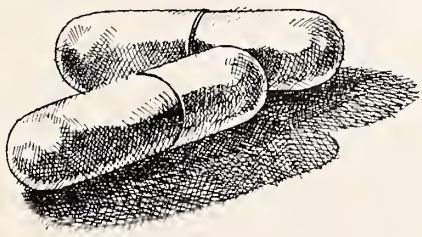

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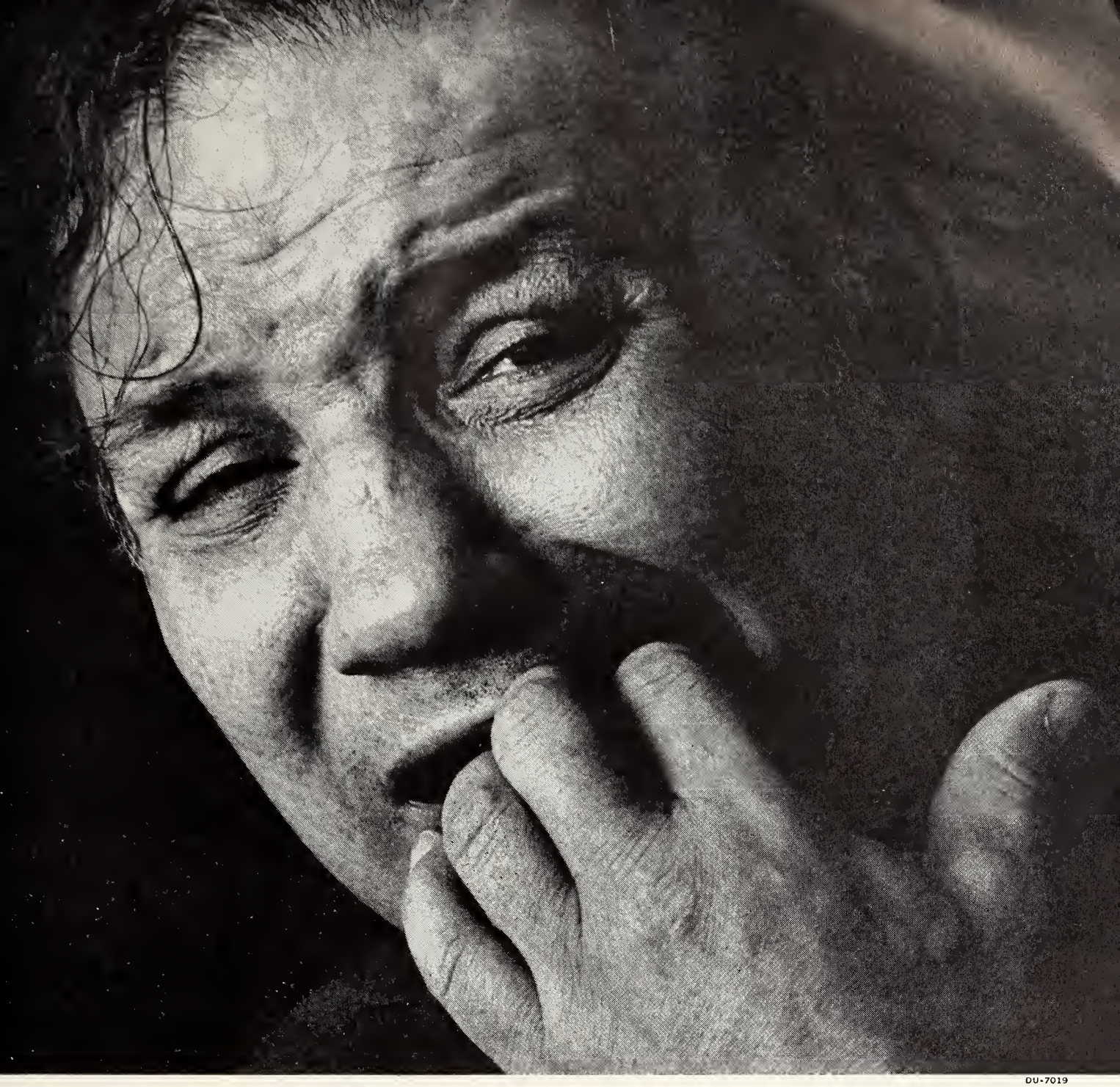

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John Farquhar, Fort Wayne	Thomas C. Tyrrell, Hammond

Terms expire December 31, 1972:

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3.	Daniel H. Cannon, New Albany	Elmer L. Wallace, New Albany	April 7, New Albany
4.	Gordon S. Fessler, Rising Sun	Fred D. Houston, Lawrenceburg	May 19, 1971
5.	William G. Bannon, Terre Haute	James W. Cristee, Terre Haute	
6.	David Wynegar, Richmond	John Moenning, Greenfield	May 5, 1971, Greenfield
7.	Ellery T. Drake, Martinsville	Donald E. Stephens, Indianapolis	June 2, 1971, Martinsville
8.	Eugene M. Gillum, Portland	Ralph E. Schenck, Partland	May 26, 1971, Portland
9.	R. Adrian Lanning, Noblesville	Paul M. Waitt, Noblesville	June 10, Lafayette
10.	Lambro Dimitroff, Hammond	J. M. Siekierski, Griffith	
11.	Lloyd C. Hill, Peru	Fred Poehler, La Fontaine	Peru
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Since mental confusion, anxiety and tremors have been reported in patients receiving orphenadrine and propoxyphene concurrently, it is recommended that Norgesic not be given in combination with propoxyphene (Darvon®).
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Precautions: It has been reported that prolonged or excessive use of phenacetin may result in nephrotoxicity. Caution, therefore, should be exercised when Norgesic is administered to patients with renal disorders. It should also be used with caution in patients with tachycardia.
Adverse Reactions: Side effects of Norgesic are those seen with APC or those usually associated with mild anticholinergic agents. These may include tachycardia, palpitation, urinary hesitancy or retention, dry mouth, blurred vision, dilatation of the pupil, increased intraocular tension, weakness, nausea, vomiting, headache, dizziness, constipation, drowsiness, and rarely, urticaria and other dermatoses. Infrequently an elderly patient may experience some degree of confusion. Mild central excitation and occasional hallucinations may be observed. These mild side effects can usually be eliminated by reduction in dosage. One case of aplastic anemia associated with the use of Norgesic has been reported. No causal relationship has been established. **Dosage and Administration:** Adults—1 to 2 tablets 3 to 4 times daily.

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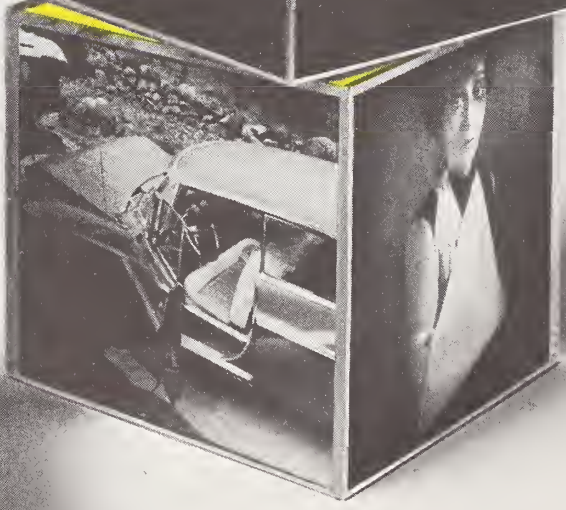

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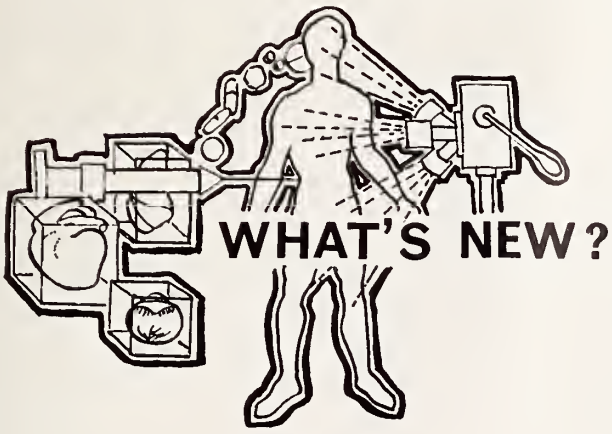

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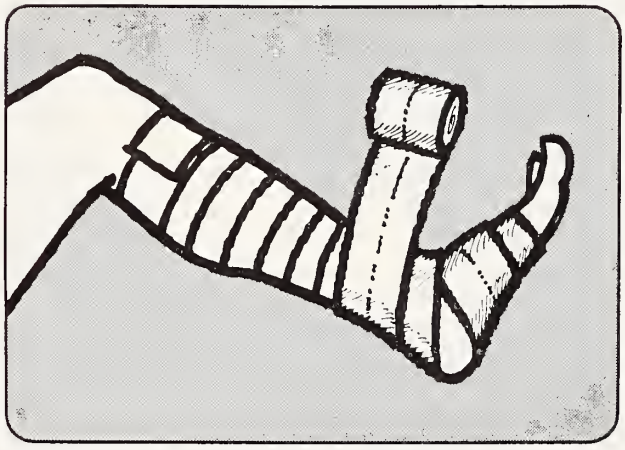

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NOTE: Not recommended during the acute recovery phase following myocardial infarction. Patients with cardiovascular disorders should be watched closely; arrhythmias, sinus tachycardia, and prolongation of the conduction time have been reported, particularly with high doses; myocardial infarction and stroke have been reported with drugs of this class. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. Concurrent electroshock therapy may increase the hazards of therapy; such treatment should be limited to patients for whom it is essential. Discontinue the drug several days before elective surgery if possible.

Contraindications: Known hypersensitivity. Should not be given concomitantly with or within at least 14 days following the discontinuance of a monoamine oxidase inhibitor. Then initiate dosage of amitriptyline HCl cautiously with gradual increase in dosage until optimum response is achieved. Not recommended during the acute recovery phase following myocardial infarction or for patients under 12 years of age.
Warnings: May block the antihypertensive action of guanethidine or similarly acting compounds. Should be used with caution in patients with a history of seizures or urinary retention, or with narrow-angle glaucoma or increased intraocular pressure. Patients with cardiovascular disorders should be watched closely; arrhythmias, sinus tachycardia, and prolongation of the conduction time have been reported, particularly with high doses; myocardial infarction and stroke have been reported with drugs of this class. Close supervision is required for hyperthyroid patients or those receiving thyroid medication. May impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle. Safe use during pregnancy and lactation has not been established; in pregnant patients, nursing mothers, or women who may become pregnant, weigh possible benefits against possible hazards to mother and child.
Precautions: When used to treat the depressive component of schizophrenia, psychotic symptoms may be aggravated; in manic-depressive psychosis, depressed patients may experience a shift toward the manic phase, and paranoid delusions, with or without associated hostility, may be exaggerated; in any of these circumstances, it may be advisable to reduce the dose of amitriptyline HCl, or to use a major tranquilizing drug, such as perphenazine, concurrently. When given with anticholinergic agents or sympathomimetic drugs, close supervision and careful adjustment of dosages are required. May enhance the response to alcohol and the effects of barbiturates and other CNS depressants. The possibility of suicide in depressed patients remains during treatment and until significant remission occurs; this type of patient should not have easy access to large quantities of the drug. Concurrent electroshock therapy may increase the hazards of therapy; such treatment should be limited to patients for whom it is essential. Discontinue the drug several days before elective surgery if possible.
Adverse Reactions: *Note:* Included in this listing are a few adverse reactions not reported with this specific drug. However, pharmacological similarities among the tricyclic antidepressant drugs require that each reaction be considered when amitriptyline is administered.
Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke. *CNS and Neuromuscular:* Confusional states; disturbed concentration; disorientation; delusions; hallucinations; excitement; anxiety; restlessness; insomnia; nightmares; numbness, tingling, and paresthesias of the extremities; peripheral neuropathy; incoordination; ataxia; tremors; seizures; alteration in EEG patterns; extrapyramidal symptoms. *Anticholinergic:* Dry mouth, blurred vision, disturbance of accommodation, constipation, paralytic ileus, urinary retention, dilatation of urinary tract. *Allergic:* Skin rash, urticaria, photosensitization, edema of face and tongue. *Hematologic:* Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia. *Gastrointestinal:* Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, parotid swelling. *Endocrine:* Testicular swelling and gynecomastia in the male, breast enlargement and galactorrhea in the female, increased or decreased libido. *Other:* Dizziness, weakness, fatigue, headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, drowsiness, jaundice. *Withdrawal Symptoms:* Abrupt cessation of treatment after prolonged administration may produce nausea, headache, and malaise; these are not indicative of addiction.
How Supplied: Tablets containing 10 mg and 25 mg amitriptyline HCl, in single-unit packages of 100 and bottles of 100, 1000, and 5000; tablets containing 50 mg amitriptyline HCl, in single-unit packages of 100 and bottles of 100 and 1000; for intramuscular use, in 10-cc vials containing per cc: 10 mg amitriptyline HCl, 44 mg dextrose, and 1.5 mg methylparaben and 0.2 mg propylparaben as preservatives.

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MSD MERCK SHARP & DOHME

This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

THE AMERICAN MEDICAL Association's 1971 Medicredit national health insurance program was introduced in both chambers of the congress with more than 100 Democratic and Republican sponsors.

THE THREE CHIEF sponsors again were Sen. Clifford Hansen (R-Wyo.) and Reps. Joel T. Broyhill (R-Va.) and Richard Fulton (D-Tenn.) They and Dr. Russell B. Roth, speaker of the AMA House of Delegates, held a joint news conference on capitol hill in connection with introduction of the legislation (H.R. 4960 and S. 987).

THERE ARE two major differences between this Medicredit legislation and the bill introduced last year. Catastrophic coverage has been added and the peer review provision dropped, because Congress is expected to approve such a program before considering national health insurance.

MEDICREDIT WOULD:

(1) pay the full cost of health insurance for those too poor to buy their own,
(2) help those who can afford to pay a part of their health insurance premium. The less they can afford to pay, the more the government would help out,
(3) see to it that no American would have to bankrupt himself because of a long-lasting, catastrophic illness.

THE GOVERNMENT would pay all of the premium for low-income beneficiaries — an individual and his dependents without any income tax liability. For others, the government would provide scaled participation ranging between 97.5 per cent and 10 per cent, favoring lower-income persons, in the payment of premiums for basic coverage. It would pay in full the premium for catastrophic expense coverage, but there would be a "financial corridor" based on income before such coverage would begin.

A BENEFICIARY eligible for full payment of premium by the federal government would be entitled to a certificate acceptable by carriers for health care insurance for himself and his dependents. Eligible beneficiaries with whom the government would be sharing the cost of premium could elect between a credit against income tax or a certificate.

TO PARTICIPATE in the Medicredit program, a carrier would have to qualify under state law, provide certain basic coverage, make coverage available without pre-existing health conditions, and guarantee annual renewal.

Continued

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A QUALIFIED policy would offer comprehensive insurance against the ordinary and catastrophic expenses of illness. Basic benefits in a 12-month policy period would include 60 days of inpatient care in a hospital or 120 days in an extended care facility. Other basic benefits would provide emergency and outpatient services and all medical services provided by doctors of medicine or osteopathy. The catastrophic expense protection would pay incurred expenses for benefits in excess of the basic coverage, including hospital, extended care facility, inpatient drugs, blood, prosthetic appliances, and other specified services.

UNDER the basic coverage, there would be a deductible of $50 per hospital stay, and 20% coinsurance of the first $500 of medical expense and on the first $500 of emergency or outpatient expenses. Under the catastrophic illness provisions, the amount of the "financial corridor" would be based on taxable income: 10% on the first $4,000, 15% on the next $3,000, and 20% thereafter.

A HEALTH insurance advisory board of eleven members, a majority of whom shall be practicing physicians, and including the secretary of Health, Education, and Welfare and the commissioner of internal revenue, would be appointed by the president with Senate consent. The board would establish minimum qualifications for carriers, and in consultation with carriers, providers and consumers, would develop programs designed to maintain the quality of health care and the effective utilization of available financial resources, health manpower, and facilities.

AT THE news conference, Dr. Roth said:

"MEDICREDIT OFFERS four important benefits.

"IT PROTECTS FAMILIES and individuals from the financial catastrophe that can result from illnesses requiring protracted care.

"IT ENABLES PEOPLE to receive federal assistance for health and medical care.

"IT OFFERS an individual or a head of a family, no matter what his income, the opportunity to select from among private medical plans the one best suited to his needs. If he does not like one plan, he can try another. In effect, Medicredit says to everyone, 'Here's some federal assistance. Take it and use it for the sort of health care you want.'

"AND Medicredit provides these benefits at a cost estimated at $14.5 billion for the first year—considerably lower than nearly all other national health proposals. In other words, Medicredit will have a relatively modest impact on the tax increases necessary to finance any national health plan; it will thereby contribute less to the inflationary pressures which plague us all."

THE THREE congressmen each keyed in on one of Medicredit's three main provisions.

"THE CURRENT federal-state health program for the poor (medicaid) has been sick for a long time," Fulton said. "Some states offer good and adequate medical benefits, others offer substandard medical care and at least two states do not even participate in the program for their citizen poor . . . .

"THE TIME has arrived to standardize the benefits in every state of the union guaranteeing to the poor of every state an adequate level

of health care. The voucher system for the poor clearly states that the Federal Government will totally finance the cost of a basic, stated set of minimum benefits to the citizens of every state in the union."

"THE TAX CREDIT feature of Medicredit is designed primarily to help low income families above the poverty level buy basic coverage health insurance," Broyhill said.

"BY GIVING some tax credit to all taxpayers, the program will provide a strong incentive for all Americans to protect themselves with adequate health insurance.

"WE BELIEVE that the tax credit provision is a much fairer and more equitable way of helping the near poor and middle income families pay for their health care than under medicaid . . . .

"THIS feature of Medicredit also will do away with the red tape and bureaucracy of the means test required under medicaid."

"MEDICREDIT GIVES every American family the opportunity to protect itself against the cost of a catastrophic illness," Hansen said. "No family would face the prospect of losing its savings or even its home because of medical bills . . . .

"THE SENATE Finance Committee last year voted 13 to 2 — and I voted with the majority — in favor of a similar provision to protect all Americans against the cost of a catastrophic illness. I am confident that the congress will enact such legislation during this session."

IT WAS POINTED out that Medicredit deliberately was limited to financing of health care so that it would not be bogged down in details.

"MEDICREDIT was designed to solve the most immediate and most obvious problem relating to medical and health care: making it possible for everyone to seek the attention he needs without regard to his ability to pay," the AMA said.

"HOWEVER, through the AMA and many others with whom it is consulting, a package of companion programs is now in preparation to help the medical profession, its allies, the government and the people of the nation solve jointly many of the other health-oriented problems facing our nation.

"THOSE PROGRAMS will deal with such longer-range problems as the quality of medical and health care, the most efficient utilization of medical and health personnel, the need for additional manpower, the distribution of manpower, the cost of providing care and the need for custodial and home care for the elderly and disabled."

A WEEK before introduction of the Medicredit legislation, President Nixon outlined the Administration's national health insurance program in a special message to Congress.

"NINETEEN MONTHS AGO, I said that America's medical system faced a 'massive crisis'," he said. "Since that statement was made, that crisis has deepened. All of us must now join together in a common effort to meet this crisis—each doing his own part to mobilize more effectively the enormous potential of our health care system."

THE Administration program includes a National Health Insurance Standards Act which would require employers to provide basic health coverage for their employees. The minimum benefits would include hospital and physician care, full maternity care, well-baby care, laboratory expenses and certain other expenses. There would be certain deductibles and co-insurance.

Continued

THE MINIMUM PROGRAM would also provide at least $50,000 in coverage for each family against the costs of catastrophic illness. Under this program employees could elect to be enrolled in a Health Maintenance Organization rather than receive the basic coverage through private carriers. The program would be paid for by the employer, 65% for the first two and one half years, 75% thereafter, and the employee, 35% and 25%. There would be no cost to the federal government.

A SECOND Administration proposal would provide a Family Health Insurance Plan to replace medicaid for poor families. The program would be financed and administered by the federal government. It would provide health insurance to all poor families with children headed by self-employed or unemployed persons whose income is below a certain level, $5,000 for a family of four. The program would pay all medical costs for families with income below a certain level, $3,000 for a family of four. As income increases, the family would begin to pay part of the costs through a graduated schedule of premiums, deductibles and co-insurance.

IN ORDER to encourage states to use medicaid funds made available by this bill to supplement the basic program, the federal government would bear the costs of administering a consolidated federal-state benefit package. The program would become effective July 1, 1973, and would cost an estimated $12.4 billion.

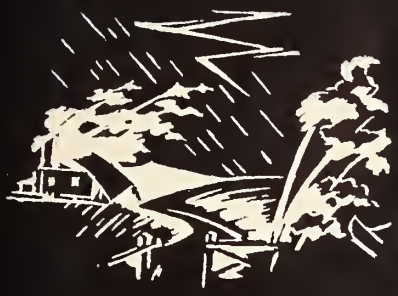
DR. Walter C. Bornemeier, president of the AMA, commended the Nixon Administration for developing "statesman-like" health proposals. He said that, "in overall philosophy and approach," there was "a great deal of common ground" between Medicredit and the Administration program.

"THE WHOLE IDEA of removing the economic barriers to health care for the poor and near-poor has been AMA policy for some time," Dr. Bornemeier said.

"ON THE MATTER of insurance against the catastrophic expenses of a long, protracted illness—a medical-health bill that can pauperize a family—we are again agreed in principle.

"THE proposal for health insurance to be purchased on a mandatory basis mainly by employers for their employees is an intriguing one . . . .

"WE ARE going to have to take a more detailed look at the proposals on health maintenance organizations (HMOs). Although the Nixon approach is an optional approach, both to doctors and to patients, we are not sure that HMOs represent real solutions to current medical problems. We feel they should be tried on a demonstration basis and thoroughly researched—as should a number of other delivery methods." ◄



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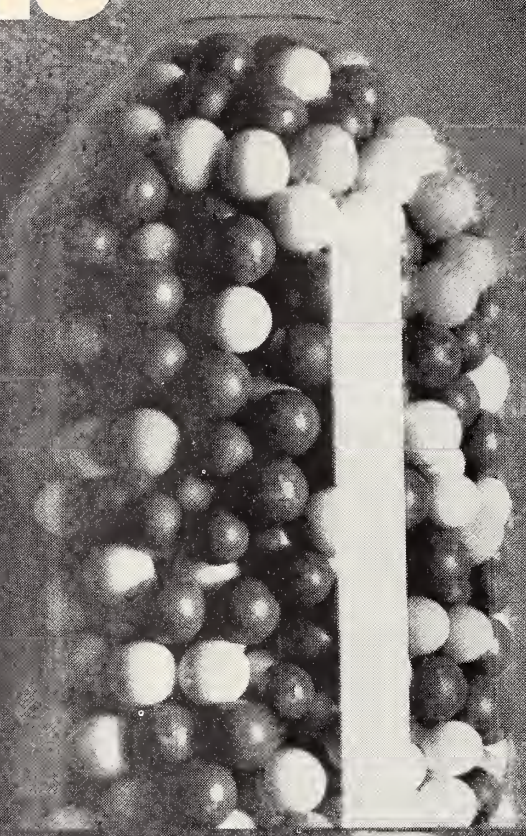

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Letters to the editor

To the Editor:

The discussion of *M. pneumoniae* pneumonia published in the November *JISMA* was an important one. Dr. Martin's review allows an awareness of the disease entity—Mycoplasmal pneumonia. But he touched lightly or not at all on some characteristics of *M. pneumoniae* infection—leaving your readers little aware of the vagaries of this infection in its march through a community.

Coincidentally, in *JAMA* recently, Foy et al. described their five year surveillance of *M. pneumoniae* pneumonia in Seattle, Washington. Since their data agree with our experience in Terre Haute, and since certain points are at variance with Dr. Martin's analysis, may we ask for clarification for your readers on the following points:

I. Dr. Martin finds mycoplasmal pneumonia of "limited" significance . . . outside the student and military populations."

Dr. Foy's data show that *M. pneumoniae* is the cause of 15% of all pneumonia in Seattle, Washington. In summertime, the percentage can exceed 40.

II. Dr. Martin finds mycoplasmal pneumonia to be "rare in preschool or elementary school children."

Dr. Foy finds the "highest rates in the 5-14 year olds" and "The high rate recorded for school children indicates that *M. pneumoniae* infection may be considered a common affliction of childhood, and that this group serves as a vector and reservoir for the infection."

III. Dr. Martin states that bullous myringitis "has not been recognized very often in spontaneously occurring disease."

Dr. Foy's article is silent on this point, but much evidence has accumulated that otitis is indeed a frequent manifestation of *M. pneumoniae* infection.

IV. Dr. Martin states that "only specialized laboratories can successfully isolate *M. pneumoniae* on culture."

Our experience in Terre Haute has been that any lab technologist, when apprised of the need, can prepare the necessary media and identify the colony growth—though such growth is slow.

V. Dr. Martin mentions that "an effective vaccine against *M. pneumoniae* has been developed," but he does not elaborate; and a search of his references gives no clue as to its whereabouts. Such a boon to preventive medicine has been long sought and the technical and immunologic complications have been many. If such a vaccine is available to your reader physicians, details should be published. It would seem a shame to restrict its use to the specialized college and military populations—in the light of current epidemiologic information from our towns and cities.

As can be seen, our request for clarification involves mostly things unsaid by Dr. Martin. More importance must be given, we think, to the epidemiologic realities of *M. pneumoniae* infections in man.

Sincerely,

THOMAS J. CONWAY, M.D.
W. E. SCULLY, M.D.
ROGER F. WEST, M.D.
Associated Physicians and Surgeons Clinic
221 South Sixth St.
Terre Haute 47801

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To the Editor:

A brief review article like the one titled "Mycoplasmal Pneumonia" in the November 1970 JISMA is intended to deal superficially with a topic. There are bound to be unanswered questions raised by the discussion.

In their letter, Drs. Conway, Scully and West have focused on several important areas of mycoplasmal disease. I shall comment in order on each of their questions.

I. Studies of the epidemiology of *Mycoplasma pneumoniae* infections have revealed consistently that older children and young adults are the most likely candidates for overt clinical illness. The largest economic impact is felt in the military and student populations. Since older children and young adults make up a substantial proportion of the population, the percentage of total pneumonias that are caused by mycoplasma infections can be substantial.

II. The statement that mycoplasmal pneumonia is "rare in preschool or elementary school children" is misleading. Viral pneumonia is much more common than mycoplasmal pneumonia in the pre-school population, but in the primary school children mycoplasma infections are a significant cause of respiratory infection.[1]

III. The specific lesion of bullous myringitis is very characteristic of *M. pneumoniae* infection when it is observed. The hemorrhagic bleb is only occasionally observed in patients with documented mycoplasmal infections. The clinical diagnosis of otitis media is made considerably more frequently.

IV. It was irresponsible of me to state that "only specialized laboratories can successfully isloate *M. pneumoniae* on culture." The technics involved are within the scope of any good bacteriology laboratory and other laboratories should follow the lead of our colleagues in Terre Haute by setting up these methods.

V. There is no commerically available vaccine against *M. pneumoniae*. At least two clinical studies have been performed which demonstrate that an inactivated vaccine may protect against clinical disease.[2] There is need for increased potency of the vaccine and more extensive field trials before it is recommended for use in the general population.

I hope that Dr. Conway and associates will continue to teach us about the significance of mycoplasma infections in the community.

Sincerely yours,
R. RUSSELL MARTIN, M.D.
Associate Professor of
Medicine and Microbiology
Baylor College of Medicine
Houston, Texas 77025

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To the Editor:

We were extremely proud and pleased with the front cover of the February issue of the Journal of the Indiana State Medical Association. Mr. Russell has been a dedicated leader of the Heart Association as have the Greensfelder brothers. I know that they are individually proud to be recognized in such a way by the Medical Association.

In addition to the above, our medical leadership would like to express thanks for the fine articles which were included in this publication relating to heart diseases. As you know, one of our major functions is medical education; and, again, the Journal has been an asset to us.

Sincerely yours,
Thomas M. Brown, M.D.
President
Indiana Heart Association

The following letter to Dr. VanDenBosch is reprinted with his permission:

Wallace R. VanDenBosch, M.D.
33 North 22nd Street
Lafayette, Indiana 47904

Dear Dr. VanDenBosch:

Thank you very much for your recent letter asking for a clarification of the Social Security ruling on nursing home visits.

I am not completely familiar with the current status of the Americana Center in Lafayette, but I would make the following observations:

1.) If the Americana Center is an extended care facility, approved by Medicare, and if the patient in such an extended care facility has been approved for benefits, the once-a-month limitation does not apply.

2.) Even in a nursing home with the diagnosis in the psychiatric field, we would be able to allow more than one visit per month.

The ruling is based upon routine care received in a nursing home, and any exceptions to this should be specified, along with the condition of the patient involved, in the diagnosis. We then would be able to consider each claim on an individual basis.

I hope this answers any questions you have regarding the Americana Center; and if I may be of any further service, please do not hesitate to write.

Best regards,
HERBERT P. DIXON
Vice President
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"Turning out more doctors and allied health workers will not solve the problems of poverty, the distribution of our people, and poor nutrition due to ignorance, poverty and often affluence. . . . And all these problems are beyond the health care delivery system no matter how many physicians are available." —Dr. William Ruhe, AMA director of medical education.

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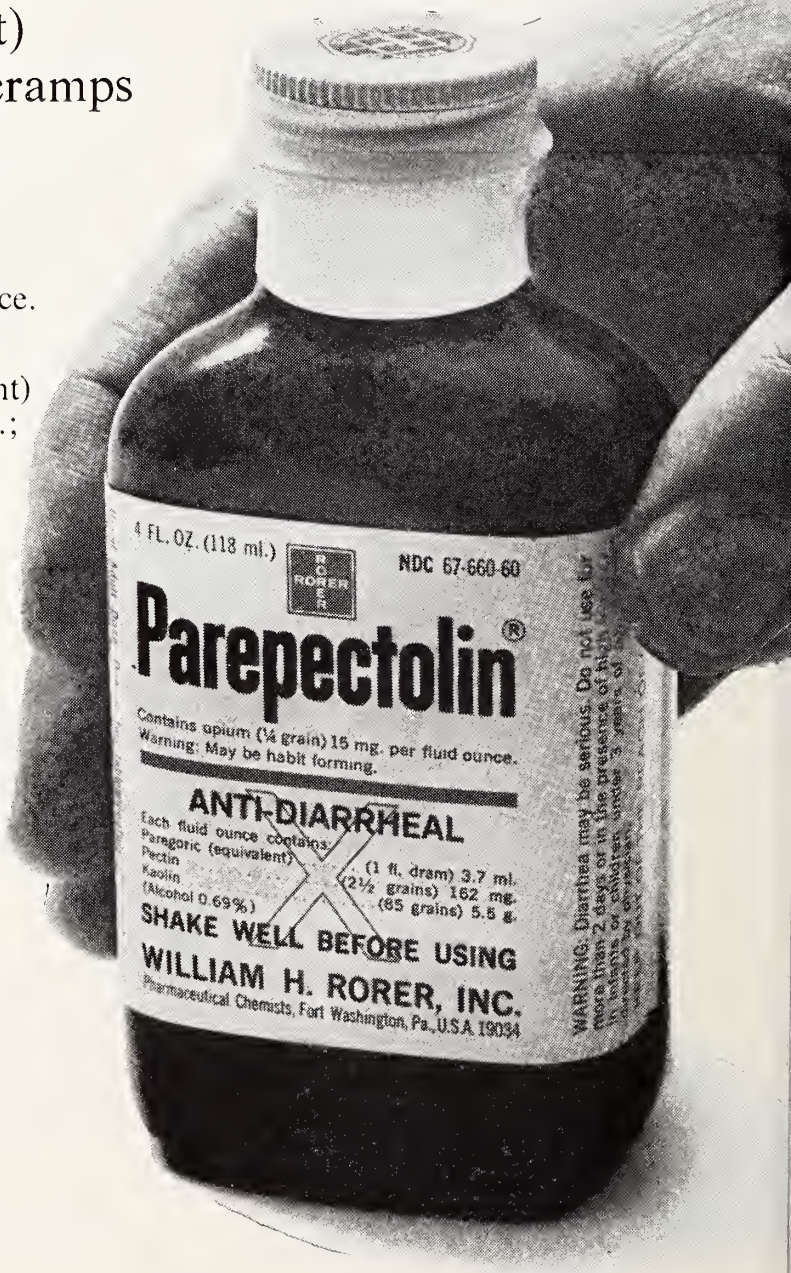

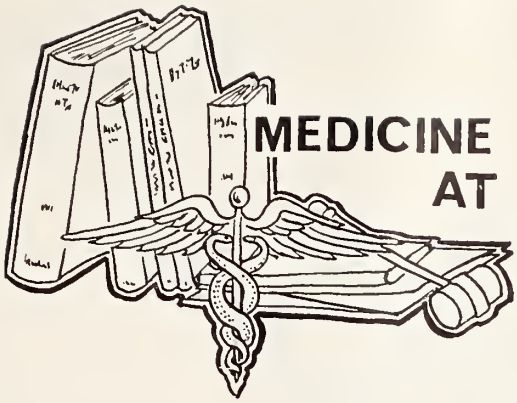

MEDICINE AT LAW

Jury Finds no Negligence During Surgery—An Illinois jury denied recovery to a 23-year-old woman who claimed permanent injuries as the result of a surgeon's negligence. The surgeon admitted the surgery was unsuccessful, but claimed that there was no negligence.

Surgery was performed to correct a congenital cubitus valgus by osteotomy. The patient claimed that the surgeon admitted that the chisel slipped, fracturing the humerus. There was non-union and it became necessary to insert a metal elbow. The patient claimed that the injury resulted in 50% disability and that there was a possibility that amputation might become necessary. She alleged that she became obligated for medical expense in the amount of $2,200 and that she lost $4,000 in wages. The patient claimed damages in the amount of $60,000, and declined a settlement offer of $1,500. —*Miller v. Ahstrom* (Ill. Cir. Ct., Cook Co., Docket No. 65L-25642, 1970).

Hemiplegia and Aphasia Not Result of Negligence—A finding that hemiplegia and aphasia were not caused by a physician's negligence in performing diagnostic surgical procedures was not clearly erroneous, the highest court of Hawaii ruled.

A woman who suffered hemiplegia and aphasia brought action for malpractice, claiming that her condition was the result of a physician's negligence in performing angiography and pneumoencephalography. She also claimed that the procedures were performed on her without her informed consent.

Medical experts testifying for both parties produced conflicting evidence. The physician claimed that the woman's condition was the result of development of an advancing preexisting condition, a vascular malformation. The court found that the woman failed to prove by a preponderance of evidence that her condition was a result of procedures performed by the physician or was caused by the lack of informed consent.

On review of the case, the higher court stated that the test to be applied was whether there was a definite and firm conviction that a mistake had been made by the trial court. The court affirmed the ruling of the trial court, holding that the findings of the lower court could not be said to be clearly erroneous.—*Frey v. Goebert*, 474 P.2d 537 (Haw. Sup. Ct., Sept. 21, 1970).

Suit for Pregnancy after Sterilization Operation—In a suit against a physician for negligent performance of a sterilization operation, the statute of limitations does not begin to run until the date of discovery of pregnancy, the highest court of Kentucky ruled.

The physician performed a sterilization operation in Setember 1966. The woman became pregnant in November 1967, and her pregnancy was discovered in January 1968. The child was born the following August.

A lawsuit against the physician was filed in November 1968, charging negligence in performing the operation. The woman and her husband sought damages for the resultant medical expenses, loss of consortium and expenses incident to raising the child to majority.

Dismissing the lawsuit, the trial court ruled that the action was barred by the one-year statute of limitations.

On appeal, the court reversed the judgment of the trial court, holding that the cause of action did not accrue until discovery of the pregnancy.—*Tomlinson v. Siehl*, 459 S.W.2d 166 (Ky. Ct. of App., June 5, 1970; rehearing denied, Nov. 27, 1970).

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The Journal
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Supervised by THE COUNCIL
Volume 64 — April 1971 — Number 4

*Development of a Transplantation Team in Indiana**

Part Two

Section I

Pastoral Care Program, as Related to Dialysis and Transplantation

JOHN A. WHITESEL
ALBERT L. GALLOWAY
Indianapolis

ANY pastoral care program involved with dialysis and renal transplantation must give equal attention to physicians and nurses, patients, donors and relatives. No competent chaplain will ignore or minimize some degree of balance between care for staff and for patients in any other treatment or rehabilitation program. However, in one of this nature all staff members are subjected to particular tensions for an extended period of time. The obvious difference is the repetitive cycle of the dialysis program out of which the patient may or may not emerge through successful transplantation.

Excluding all other factors (i.e., economics, public scrutiny, cadaver donors, etc.) we have observed that this cycle alone is sufficient to set in motion tensions affecting a number of areas in the life of each staff person. Unique bonds between the physician-patient and nurse-patient develop. These bonds must be strong enough to cope with the feelings and behavior patterns (i.e., regression, acting out, hostile dependency, etc.) that emerge during the process of commitment to the artificial kidney.

Current upper and lower age limits for successful treatment confront staff members with decisions directly affecting the productive years of a patient. Shifting moods and accumulating tensions of patients in the close community life of a dialysis unit complicate interpersonal relationships within the staff and their care of a particular patient as a group member. Decisions to admit a person into dialysis and transplantation obviously require acute and extensive commitments from the staff that are not easily abdicated. These are but a few of the particular tensions which we have observed to influence the nature and extent of pastoral care for staff in this field.

Aspects of the pastoral care program for staff can be described briefly. Regular rounds with staff on dialysis units give opportunities to observe and participate in their experiences as a colleague or to discuss personal issues with them later. Par-

* To be published in three consecutive issues of *The Journal*, "Development of a Transplantation Team in Indiana" is the work of 12 persons connected with the Indiana University Medical Center and the Veterans Administration Hospital at Indianapolis, as follows: Angenieta A. Biegel, M.D., Kent P. Bradley, M.D., Alexander DeQuesada, M.D., John P. Donohue, M.D., Chaplain Albert L. Galloway, John Glover, M.D., Richard J. Hamburger, M.D., Stuart A. Kleit, M.D., Toner M. Overley, M.D., Dana L. Shires, M.D., Rava L. Stock, B.S., and Chaplain John A. Whitesel.

ticipation in decision making at any point in the process gives opportunity for the chaplain to respond to or reflect on emotional, spiritual, or ethical and moral issues. Visits by the chaplain with patients and subsequent conferences with staff members provide both collaboration and assistance to the physician or nurse in rounding out their views of the patient or a means to relieve current anxieties to one who understands. In summary, pastoral care with staff has the dimensions of support, collaboration, personal consultation, and practical demonstration that the church community cares about their tensions and work.

The pastoral care program for patients, donors and relatives must incorporate features applicable to chaplaincy work for a whole hospital. For example, this one group of patients presents issues in chronic illness, long term treatment, medical and surgical situations, acute and convalescent phases, in- or outpatient care, and more than the usual issues connected with attitudes of relatives. The chaplain must be prepared to deal with grief through the loss or alteration of critical body functions and changes in certain social functions. He must be alert in the use of counseling and visitation skills when adjustment difficulties arise in coping with dependency and the routine and restrictions connected with diet control and recurrent dialysis, for example. He needs to communicate understanding in every contact and be alert to feelings of rejection, uselessness and depression as the patient's program wears on and transplantation prospects arise or escape. He must be sensitively aware of feelings of guilt as they become manifest individually or spread like a contagious disease throughout the dialysis community.

In addition, there are special problems we have observed in pastoral care for patients and relatives. Fears, hopes, successes and failures are shared within the dialysis unit group at a level of intensity and a rate of communication that persuade the chaplain to be especially alert to group dynamics. Family stresses are heightened by the necessary modifications in work schedules and employability, by interpersonal dynamics between potential donors among relatives (or lack of them), by occurrences of sexual impotency, and by financial problems. For both the family and the patient, where no related donor is available, we have observed a special pastoral care task in helping them deal with recurrent thoughts of waiting for someone else to die in order that, through transplantation, they might live. On this point the ethic and concept of sacrifice is a predictable issue for the chaplain in his work with the patient, relatives and the transplant team. This likewise illustrates the need for the chaplain to balance equally his care with staff as he does with patients.

In summary, the future of a chaplaincy program in any area of transplantation will benefit greatly through the rapidly growing productive experiences with renal transplantation. Much will depend upon continued holistic approaches, both in theory and practice, that include the chaplain as an integral part of their development and expansion. Ethical, moral, religious and relationship issues which are included in his sector can be refined as he experiences as a colleague the encounters by medicine and surgery with techniques, decisions, drug effects, and the like. Much will depend upon the holistic approach with respect to the nature of man that says he is more than tissue to be matched with compatible tissue. This present viewpoint guides the physician in his selections on the premise that he is joining the patient to assist in the maintenance or restoration of his capacities. For this the physician is using the total team.

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Development of a Transplantation Team in Indiana
Part Two
Section II

Renal Transplantation Evaluation and Pre-Operative Care

S. A. KLEIT, M.D.
R. J. HAMBURGER, M.D.
Indianapolis

RENAL transplantation is not an isolated form of therapy. It actually is part of continuing progressive care provided for patients with severe renal failure. It is important to emphasize this point since there appears to be a great deal of misunderstanding surrounding the importance of early evaluation for transplantation of the patient with renal failure. Over 50% of the patients being currently submitted for evaluation present in a pre-terminal state. It is impossible to evaluate these nearly moribund patients. Therefore, prior to the evaluation of such a patient he must be literally brought back from the dead until he reaches a state in which diagnostic studies are possible.

Frequently, this not only requires conservative forms of therapy, but one or several peritoneal or hemodialyses. This is not only time consuming and expensive, but terribly upsetting to the patient, his family and friends; especially if he is rejected from the program and has to go through the process of dying again. Probably more important are the effects of debilitation and the resulting tissue changes which are products of his original downhill course. These may be difficult or impossible to correct once they have occurred. The causes of delayed evaluation can be traced back to the early experimental days of both transplantation and dialysis when, quite justifiably because of the unknown nature of the results, last minute attempts at extraordinary therapy were the rule. In view of 10 years of experience with both chronic hemodialyses and transplantation this is no longer justifiable.

Therefore, instead of transplantation being considered as a separate therapeutic entity it should be part of the spectrum of a definitive care program for all patients with chronic progressive renal failure. Evaluation should be EARLY. If possible the evaluation should precede the onset of severe symptoms of renal failure. These usually occur when the BUN rises above 60 mg% or the creatinine clearance falls below 20 ccs per minute. This is the ideal time for evaluation because not only can the patient cooperate and be viewed as his pre-morbid self, but irreversible tissue changes have not occurred.

The evaluation of a patient with renal failure for transplantation is very similar to that used in determining whether a patient should have chronic dialysis, since dialysis is part of both modes of therapy. The patient must have only primary renal disease. He cannot be suffering from renal disease secondary to some primarily systemic disease such as systemic lupus erythematous, scleroderma, polyarteritis or diabetes. In addition, the patient must not have irreversible disabling complications of his renal disease. The two most frequent complications leading to rejection of patients for transplantation are strokes and severe peripheral neuropathy. Severe hypertension per se is not a cause for rejection, but the results of hypertension—i.e., myocardial infarction and stroke—exclude the patient. This is terribly unfortunate since early evaluation and therapy could potentially prevent this problem. The same can be said for the peripheral neuropathy.

In addition to the evaluation of the patient's renal failure and its cause, a search is made for the presence or absence of diseases of other organs not attributable to renal failure. Active tuberculosis, severe arteriosclerotic vascular disease or valvular heart disease and cancer are a few of the many presently disqualifying associated illnesses. It is important to remember that the transplantation patient not only has to withstand the rigors of dialysis, but also at least two major operative procedures and, finally, steroids and other forms of immunosuppressive therapy.

The stresses and strains of these procedures are not only physical but mental as well. A psychologically unstable patient will not be able to tolerate these stresses. A psychiatric evaluation is very helpful in determining the patient's basic personality and in revealing potential problems. The demonstrated ability to adhere to a chronic conservative regimen is often a reasonable indication of

the patient's ability to cooperate with the rigors of the transplantation procedure.

Age is a factor in selection. Patients below age 15 and above age 55 are not usually considered candidates. Some patients over 45 may be physiologically older and unsuitable. At both extremes the complication rate rises and the success rate falls. Physiologic age is much more important than chronologic age. A normal lower urinary tract is currently considered essential for a patient to be transplanted. This is not true for the patient who is being evaluated only for long term chronic dialysis. The evaluation consists of a voiding cine'-cysto urethrogram. If this reveals pathology, further urologic procedures are indicated.

Availability of financial resources unfortunately plays a role in selection of patients. It costs between $15,000 and $30,000 to evaluate, dialyze and transplant a patient. About $1,000 to $2,000 a year are required for medications, laboratory tests and follow-up care to maintain a transplant once it is functioning. If the patient is a veteran he may receive care free at the Veterans Administration Hospital. Non-veteran patients' funds are provided from insurance programs, especially major medical insurance, private sources and welfare. So far the business administrators associated with the program have been able to solve each patient's problems from these sources. No patient has ever been refused a position because of a financial problem; however, sooner or later this problem will undoubtedly result in a patient being rejected.

Facilities Limited

Finally, in order for a patient to be accepted, a slot in one of the two dialysis programs at the Veterans Administration or University Hospital must be available. Approximately 125-200 patients per year in the state of Indiana could potentially benefit from this type of service. Currently only a small percentage can receive these services because of limited capability.

After acceptance to the transplant program, the patient is continued on conservative management in conjunction with his referring physician. Obviously, as renal deterioration becomes more severe there must be more involvement of the patient with the transplant team so that the optimum time for the initiation of dialysis will not be overlooked. The mainstays of conservative management are the use of high quality protein diets, avoidance of sodium and volume depletion and the control of hypertension with drug therapy. The ideal is to keep the patient's kidneys functioning in him as long as they can maintain him without complications. When this is no longer possible dialysis must be begun promptly in order to preclude some of the disabling sequelae of uremia.

Timing Important

Despite careful follow-up, the determination of when to initiate dialysis is still difficult. However, it is far better to start early than late. The factors considered in initiating dialysis are discussed below. The first is deterioration of renal function below an endogenous creatinine clearance of ·5 ccs per minute. At 3 ccs per minute with certain exceptions treatment becomes imperative. Younger patients, especially adolescents, may require therapy somewhat earlier. Another very accurate way of forecasting impending problems is serial nerve conduction time measurements. Deterioration in these times almost always is an indication for initiating dialysis. Severe hypertension unresponsive to medical therapy in a severely uremic patient should be treated with dialysis before permanent damage results. Finally failure of the patient on chronic conservative management to respond despite adherence to that program is another signal to proceed.

Repetitive routine hemodialysis is the backbone of any kidney transplant program. The shunt is the patient's lifeline to the dialyzer and its creation is the first landmark in the initiation of the dialysis procedure. Two systems are available, the arteriovenous silastic-Teflon shunt and the surgically created subcutaneous arteriovenous fistula. The shunt has Teflon vessel tips inserted into a forearm or leg artery and vein. Attached to these tips are silastic tubes which exit through the skin and are joined together by a Teflon connector. During dialysis the arterial and venous tubes are disconnected from each other and the dialyzer inserted into the extracorporeal blood stream. At the end of each dialysis the blood from the dialyzer is flushed back into the patient and the arterial and venous segments of the shunt reattached to each other. The A-V fistula allows arterialized blood to flow through the forearm veins which become hypertrophied. Large bore needles are inserted into these veins for each dialysis and blood runs from the distal arm vein to the dialyzer and then to the proximal arm vein. Both dialyzer connecting systems have advantages and disadvantages and the choice of shunt or fistula for a given patient is highly individual.

Hemodialysis then is utilized to replace kidney function until the donor kidney has been inserted and is functioning. The initial phase of regular hemodialysis is usually carried out in the hospital. Uremia is then controlled and the patient stabilized. The diet is altered to include more protein and calories. Hypertension must be controlled, but now that kidney function is replaced, sodium depletion may be used to control blood pressure and there is a reduced need for antihypertensive medications. The initial dialyses are usually difficult for the patient because they represent abrupt metabolic changes. These dialyses require a large expenditure of physician time and ef-

fort because no patient's response to his first few hemodialyses is predictable. A variable number of dialyses are necessary for reversal of the major components of the uremic syndrome, adjustment of the patient to the dialysis regimen, and tailoring of the dialysis procedure to the individual patient's needs and responses.

Once stabilization has occurred, maintenance hemodialysis is then performed as an outpatient. Several different dialyzers with different properties are in general use. At the Veterans Administration and University Hospital Centers we are using two times per week hemodialysis with coil dialyzers for an average of eight hours per dialysis.

Family "Tissue Typed"

Following correction of the uremia by hemodialysis the patient and his entire family are "tissue typed." This is described in more detail in another article in this series. It is unfortunate that it is technically impossible to "tissue type" a uremic person—the very patient we are attempting to help. This virtually precludes knowledge of available donors until the patient is already on the program. The entire family, not only those able and willing to give a kidney, is typed in order to get a true genetic picture of the family.

At this point in the program a dichotomy exists between those patients who have histocompatible donors and those who do not. If no donor is available the patient must await a cadaver kidney and be maintained on dialysis until a suitable donor is obtained. At the present time this may be a lengthy wait. Suitable cadaver kidneys come from persons under 55 without tumor, infection, or renal disease who are histocompatible by tissue typing with the potential recipient. The donor should have died in such a fashion that there is no permanent kidney injury. Organ donation can be authorized either under the Uniform Anatomical Gifts Act or by consent of the next of kin. The kidney must be promptly removed from the body so there is a very short peroid of warm ischemia. The ideal donor is a young person with a severe head injury and neurologic death. The more efficient harvesting of organs from the slaughter on the highways will allow a great number of others to live.

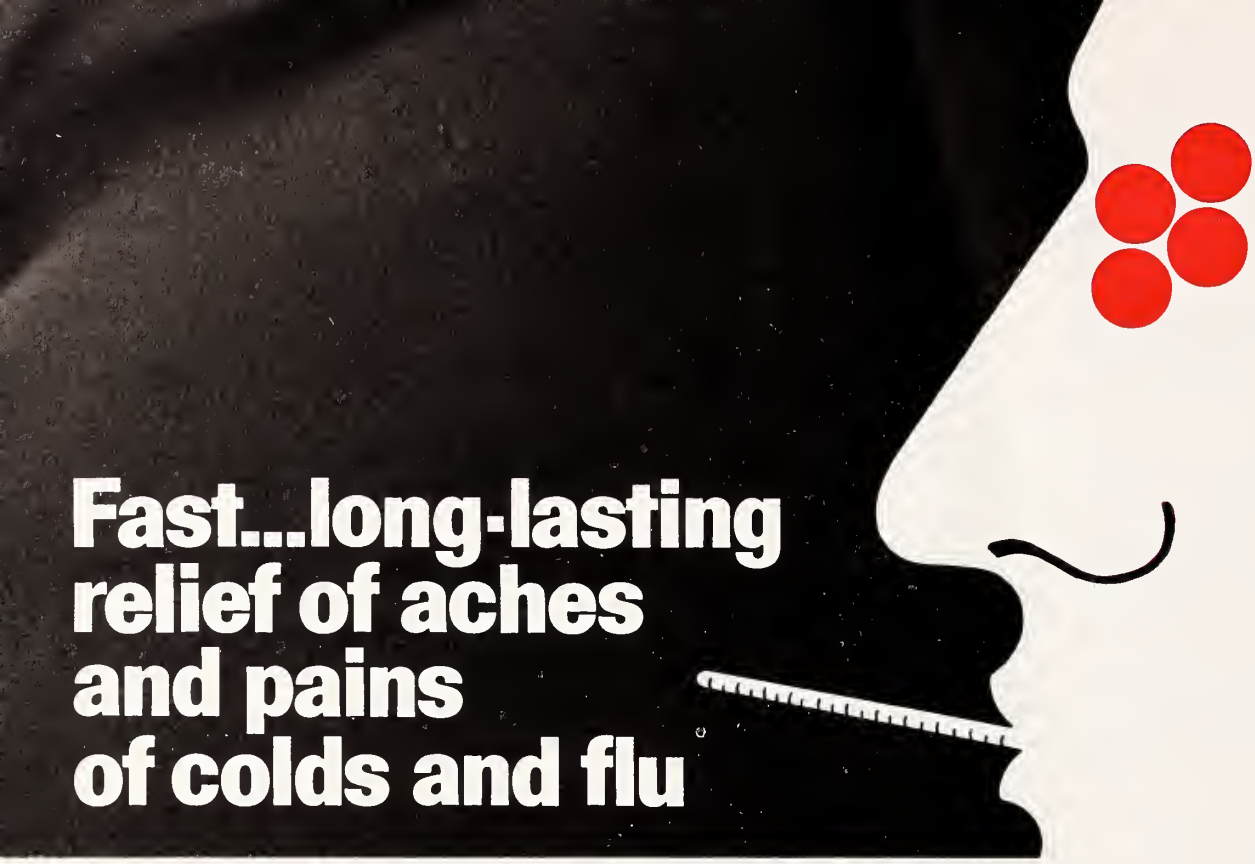
Donor Carefully Checked

Those who do match with a willing family member on tissue typing are luckier. Their period of waiting is shorter and consequently less expensive. A histocompatible family member must be freely willing to be a donor. The potential donor is then evaluated in the hospital. Since it is impossible later to replace the kidney in the donor once it is removed, the histocompatible willing family member is considered unacceptable until proven otherwise. His renal function is repeatedly checked as is the bacteriology of the urine. Chest x-ray and electrocardiogram must be normal and there must be no evidence of diabetes or hypertension. A psychiatric interview with the team psychiatrist is mandatory. If all studies are normal, aortagraphy and follow-up films are performed to determine which kidney should be transplanted. If any suspicion of even minor illness is raised on history, physical exam, laboratory or radiographic exam, it must be ruled out prior to acceptance as a donor. If all such willing histocompatible family members are excluded, then the patient must await a cadaver transplant.

While the family evaluation is in progress the patient's diseased kidneys must be removed. This necessitates an admission for bilateral nephrectomy. The surgical aspects of this procedure are described in another article of this series; but, from the nephrologist's standpoint this operation poses multiple problems. The patient must go to the operating suite in optimum condition. This requires hemodialysis the day prior to operation and a partial correction of the anemia. In the postnephrectomy period, shunts frequently clot and must be declotted. Careful monitoring of plasma potassium is necessary to avoid hyperkalemia. Operative and postoperative catabolism releases potassium from the intracellular stores, and exchange-resins and early hemodialysis may be required to control the resulting hyperkalemia. A bilateral nephrectomy is a major upper abdominal procedure with consequent decrease in pulmonary toilet and its consequences. Healing from the operation, however, is rapid and discharge from the hospital is as prompt as discharge following a unilateral nephrectomy in an otherwise healthy person. The patient, of course, is then maintained on regular hemodialysis as an outpatient.

Following the complete recovery from the bilateral nephrectomy, a minimum of four weeks, the patient is ready for transplantation. Preoperative preparation of the patient is identical to that for the nephrectomy. The surgical aspects of transplantation and the posttransplant management by the medical and surgical staffs are discussed in subsequent articles.

The evaluation and pretransplantation management require at least a period of four months. During this time the patient's uremic syndrome is controlled, members of his family are evaluated as potential donors and his kidneys are removed. If he is fortunate enough to have an acceptable related histocompatible donor, there is no delay in transplantation. A combined effort of the entire transplantation group is required during this period. Further articles in this series by other members of the team will reveal the complexity of the procedure. ◄



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Development of a Transplantation Team in Indiana

Part Two

Section III

Psychiatric Problems in Renal Dialysis and Transplantation

TONER M. OVERLEY, M.D.
Indianapolis

ALL candidates for dialysis or transplantation in our program are interviewed by a psychiatrist. Donors are evaluated to insure that they understand the procedure that will be carried out on them, the probabilities of success, the risks of morbidity and mortality and the effect of losing one kidney on their future health. Consideration is given to past history or family history of emotional illness. However, donors with a psychotic illness are the only ones who are absolutely unacceptable for the program. Occasionally, a depressed individual may volunteer a kidney as a means of suicide. I have interviewed two donors who thought they had only one kidney. By donating it, they were offering to die so that the patient might live.

Preventive psychiatry can be practiced by avoiding undue coercion in obtaining donors. Severe emotional disturbance has been reported from the wrong approach.[1] We routinely talk to the patient's family about dialysis and transplant as a possible course of action in a patient with failing kidneys. When it is time to ask for a volunteer, we do this individually so that no one but the prospective donor knows that he has been asked. At this time the donor learns what can happen to himself and the recipient. Difficulty in obtaining agreement most often occurs when the prospective donor has received misinformation from some other source. Occasionally, other family members attempt to exert pressure. In one instance, the wife of one of our patients badgered her brother-in-law so incessantly that the poor man finally refused to participate in angry self-defense. We try to avoid this situation by assuring all prospective donors that it is their choice alone. If they choose not to donate, we will find them unacceptable for medical reasons so that there will be no repercussions from the family.

Donors may become depressed after the procedure. Most of the attention of the renal team and the family is directed toward the recipient and the success of the procedure. If the kidney is rejected, the donor sometimes feels that it is his fault because there was something wrong with his kidney. Once more, the best preventive is information. The donor who has been able to anticipate this outcome is better prepared for it. The depression may occur after the donor has returned to the care of his family physician. In many cases, the donor who has made his noble sacrifice receives less appreciation and acclaim than he unconsciously desired. His physician can usually detect this by having the donor talk about the experience. Some sincere words of praise from the physician and a remark about the importance of unsung heroes can be therapeutic.

The recipient of a new kidney, if he becomes depressed, does so when his unrealistic hopes for complete and prompt recovery fail to materialize.[2] Early or delayed rejection of the kidney by the new host is common. The patient who is treating his illness primarily with denial does not really hear the information given to him preoperatively. A similar complication of renal transplant involves the patient's unconscious belief about changing his body. Perhaps the proximity of genital and urinary systems leads to associated genital dysfunction in some patients. The patient may fantasy that his potency is lost when his kidneys are removed. If the donor is of the opposite sex, he may fantasy that he has taken on some of their characteristics. Even when this is not the case, feelings of obligation to the donor—to live up to his expectations or do things to please him—are very common.[3]

The central problem in long term dialysis is dependency. One may distinguish *actual dependence* where the patient depends upon the machine to sustain his life from *psychological dependence* where the patient is frightened and feels helpless and inadequate. His concern for the con-

tinuing loyalty of his family and the dialysis personnel causes him to repress any unpleasant feelings. Misunderstandings are not aired and, hence, mistakes are not corrected. The patient feels hurt and resentful. His self-esteem is eroded by his apparent inability to function on his own, and he is angry at the people around him because they cannot or will not give him all the care that he feels he needs. Turning these feelings inward, he becomes depressed.

Alternatively, he may permit himself to regress and behave in a way that would be more appropriate to a much younger person. He expects the sort of caretaking that a child expects from his mother. When this fails to materialize, he feels deprived and unloved. The demanding-complaining attitude marks his dealings with others, who then eventually draw away from him. Feeling alienated, he becomes anxious and depressed.

The third alternative is the denial of dependency by excessive independence. The patient acts as though his renal disease does not exist. He occasionally violates his diet, carries on activities that exhaust him, and, if he is on home dialysis, fails to follow a proper program. While he avoids feelings of depression, his behavior is nearly suicidal.

Complications are frequent and include chronic infections, hypertension, peripheral neuropathy, anemia, secondary hyperparathyroidism, desquamating skin changes and general loss of vigor. Impotence is too common and is probably a psychological problem. Adjusting to these limitations is most difficult.[4] Ideally, the patient will learn his limitations. He will set up a schedule of the things that are most important and budget his energy accordingly. He will accept the dependency upon the machine but recognize that his feelings toward personnel and family do not reflect real need. Thus, he will be free to air his complaints. If he can do it tactfully or with humor, everyone will feel better. The people around him will feel free to air their complaints too. He will learn to treat the restrictions of life on dialysis as routine. A degree of denial is permissible. There is no value in continuing to confront himself with his unfortunate state. Such patients only need to be reminded of the consequences of their actions when they are doing something wrong.

The family of a chronically ill patient lives with the expectation of death. Since this is painful, they may not wait until the patient dies to start the separation process. As they withdraw, the patient senses that he is cut off and, lacking someone to live for, gives up. This significally threatens his survival.[5] As the incidence of all kinds of transplants increases, the physician will have to manage the emotional reactions in the family. He must sustain their hope and involvement. In the case of transplant patients, there may be a long wait for a suitable donor. In the dialysis patient, a "waiting situation" attitude may have no conclusion other than death.

If a patient is on home dialysis, the problem may be intensified. The spouse is often the main or sole "staff" of the "renal unit." Here, the relationship between husband and wife is further altered. A common outlet for the hostility engendered by such a life situation is taking it out on the dialysis unit. When the wife is the "staff," it is nearly impossible for her not to take this personally. The family doctor may enable her to restore her perspective by permitting her to ventilate to him and helping her to rationalize the complaints as a necessary outlet.

In summary, the patient with failing kidneys would like to deny his predicament. He may sustain his morale temporarily by denial and, if a successful transplant can be effected soon enough, he suffers little ill-effect from this self-deception. Denial as a mechanism breaks down when there are complications or failure of the transplant. Defense also breaks down when a patient must be treated by dialysis. He is angry and demoralized by the discovery that he is less of a man than he used to be. His family may withdraw from the painful relationship. The result is increased feelings of dependency and depression in the patient. Where a transplant can be accomplished, psychiatric problems may also involve the donor. An awareness of these complications and their clinical manifestations serves the family physician well in his efforts to assist in the care of the patient with renal failure.

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Effect of Certain Neonatal Practices on Serum Bilirubin of the Normal Newborn

ROBERT E. HANNEMANN, M.D.*
OTTO LOBSTEIN, Ph.D.**
PATRICIA A. NAHAS†
VIRGIL I. ANDERSON, Ph.D.†

THE most troublesome problem involving the "normal" newborn infant is hyperbilirubinemia. Pediatricians daily check newborns for early signs of jaundice and, when they appear, immediately begin the chain of decision making which sometimes leads to an exchange transfusion. At such times, these physicians mentally or verbally berate:

1. The obstetrician who strips or drains the umbilical cord.
2. The type of feeding (breast or bottle) and the time of initiation of such feeding.
3. The time of the year.
4. Other stresses or factors involving the infant.

Many studies have been conducted to evaluate some of these parameters. In 1967 Moss et al.[1] published a review article concerning early versus late clamping of the umbilical cord. In this review they also touched briefly on stripping the umbilical cord, pointing out that probably the only place for such a procedure was in C-Section cases to compensate for the lack of uterine contraction which would normally force blood into the infant via the umbilical vein. This same report also pointed out that delay in cord clamping resulted in increased blood volume for the newborn infant and a "barely significant" increase in the occurrence of hyperbilirubinemia.

In 1963, Arias[2] reported the presence of a factor in breast milk of some mothers which inhibited glucuronyl transferase activity and thus was responsible for prolonged, late-appearing jaundice. Gartner[3] pointed out that this substance often was not present in breast milk until the fourth postpartum day and varied considerably in concentration.

Wu[4] reported the effect on the serum bilirubin of late feeding of low birth weight neonates. The early fed (two hours after birth) had lower serum bilirubin levels than the later fed (24 to 36 hours).

Milby[5] reported a seasonal variation of non-hemolytic, unconjugated hyperbilirubinemia in his community. Although this may be the first such report of this relationship, many practicing pediatricians have felt that these cases are seen more at certain times of the year than others.

In order to evaluate our local situation with regard to these and other possibly significant factors, a study was conducted at the two community hospitals. 403 newborn infants were evaluated. The 227 observations from Hospital A were taken from July 1967 to March 1968. The 176 observations from Hospital B were collected from October 1967 thru May 1968 (cf. Table 1).

Method of Study

Only full-term, healthy, newborn infants were included in this study. All weighed at least 5 pounds, had no known or anticipated hemolytic disease or were ill in any way. Breast feeding mothers were not on any drugs known to contain agents causing hyperbilirubinemia in breast-fed infants. In order to obtain a large enough sample for purposes of meaningful analyses of the data, it was decided to select three infants each weekday from each hospital. To fa-

* From the Department of Pediatrics of the Arnett Clinic, St. Elizabeth Hospital, and Home Hospital, Lafayette, Ind.
** From St. Elizabeth Laboratory, Lafayette.
†From the Purdue University Department of Statistics, Lafayette.
Request for reprints should be sent to the Arnett Clinic (Dr. Hannemann), 2600 Greenbush Street, Lafayette, Ind. 47902.

cilitate the procedure for the hospitals, the first three born each day were chosen as long as they fulfilled the criteria mentioned above. It was hoped that such a sampling procedure would meet the criteria of randomness and balance in the design. As will be noted from the tables, the approach outlined above was not met completely in practice. One hospital began participation earlier than the other, and it was not always possible to select three babies each day. Also, several cases had to be eliminated from the survey due to missing data. However, the final set of 403 cases allowed meaningful analyses of many of the desired variables within the limits of the population represented.

In order not to inflict a second heel-stick wound on these infants, the blood for serum microbilirubin level was obtained at the same time as the specimen for PKU testing. The median time of blood drawing was 78 hours. It was felt that this was ideal since it would include the near peak level of "physiologic" jaundice and miss the onset of that related to breast milk feeding. Microbilirubin levels were determined by the commonly used methods (Meites and Hogg at Hosital A; Jendrassik and Grof at Hospital B). During the last two months of this study an attempt was also made to evaluate the hemoglobin level. These determinations were done only on those infants delivered by obstetricians who consistently treated the cord in the same way. It was felt that this would verify or disprove the claim that stripping the cord significantly increased the hemoglobin level in the newborn. In this particular phase of the study, 68 infants were used and were divided into the following cord treatment categories:

Stripped *23*, Drained *14*, Early clamping *31*.

Early clamping was defined as clamping as soon as possible after delivery. This ranged between one and three minutes and was done without regard to cord pulsations.

In order to consider the possibility of other stresses and/or factors affecting the serum bilirubin and also to obtain some additional information which might be helpful in evaluating our care of the newly born, the following factors were also included in the study:

1. Stress on the infant by a prolonged low or high temperature. In order to measure this, temperatures were taken at arrival in the newborn nursery, 1 hour later, 1 and 2 days post-delivery.
2. Age at initial feeding.
3. Type of feeding — breast or bottle.
4. Encouragement of water. By this was meant whether or not water was regularly offered to the infant after, and/or between feedings. One additional item added to the study card was a yes or no category of jaundice, according to the nurses' judgment, for the infant at the time the serum bilirubin was drawn.

Statistical Analysis of Data

Increased explanatory detail has been included in this section in order to give the statistically inexperienced reader an understanding and appreciation of the methods necessary to validate results in a study such as this.

Missing data and unequal distribution imposed several restrictions on the original plans for analysis. Certain tests could not be run and several categories had to be combined in order to obtain the needed sample size. Where possible, one-way and two-way *an*alyses *o*f *va*riance (ANOVA) were run in order to determine relevant factors and interactions. The test statistic in the ANOVA is the F ratio. The probability associated with a theoretical F is the probability that a certain result occurs by chance alone. If the computed F is larger than the theoretical F, the experimentor, when he declares an effect significant, can be statistically in error, at most, only that percent of the time indicated by the theoretical F probability level. The results of these programs will be summarized briefly below in line with the points made in the previous sections.

1. Stress on the infant:
   The one-way ANOVA for bilirubin level within the two treatment groups defined by the 11 infants with temperatures below 98.0 for all four readings and the 392 above that reading did not yield a significant F (at the 5% level).

DISTRIBUTION OF DATA

	Month	Hospital A	Hospital B	Totals
1967	July	12	—	12
	August	34	—	34
	September	40	—	40
	October	43	49	92
	November	30	32	62
	December	31	24	55
1968	January	13	19	32
	February	22	20	42
	March	2	13	15
	April	—	13	13
	May	—	6	6
	Totals	227	176	403

TABLE 1

2. Age at initial feeding: (Table 2)
   A one-way ANOVA with bilirubin level within the six treatment groups defined by age at initial feeding — 0 to 6, 7 to 12, 13 to 18, 19 to 24, and above 24 hours after birth yielded a significant F (at the 0.05% level) but no obvious trend to the figures. This result cannot be explained on the basis of currently available information concerning the effect of early or late feeding or the serum concentration of such substances as bilirubin. In order to eliminate the possibility of an unsuspected relationship between hospital or type of feeding and the time of the initial feeding, two-way ANOVAs with bilirubin within these groups were run. These did not result in significant F ratios.

3. Type of feeding and encouragement of water: (Table 3)
   Six categories were defined:
   a. Babies who received formula and no water.
   b. Babies who received formula and water.
   c. Babies breast fed without encouragement of water.
   d. Babies breast fed and water encouraged.
   e. Babies fed both by breast and formula and no water.
   f. Babies fed both by breast and formula and water encouraged.

An ANOVA showed that the means of these categories were significantly different (at the 2.5% level), so a comparison was made between those groups that received extra water and those that did not. The results indicated additional water to be a significant factor (at the 2.5% level) associated with lower bilirubin values. Taking this into consideration, Scheffee's test (Table 3) was used to further analyze the difference between breast and bottle feeding.

MEAN BILIRUBIN LEVEL
AT
TIMES OF INITIAL FEEDING

Age in hrs. at Initial Feeding	Sample Size	Mean	Std. Dev.
0 - 6	73	5.899	2.935
7 - 12	123	4.845	2.692
13 - 18	54	6.228	3.373
19 - 24	131	7.084	3.679
Over 24	22	5.688	2.669

TABLE 2

ONE-WAY ANOVA
TYPE OF FEEDING
WITH
BILIRUBIN LEVEL

Type of Feeding	Sample Size	Mean Bilirubin	Std. Dev.
Formula - no water	169	6.147	3.186
Breast - no water	56	6.869	3.953
Both - no water	9	6.527	4.258
Formula - water	87	4.975	2.812
Breast - water	81	6.112	3.187
Both - water	1	5.900	—

	Sum of Squares	D.F.	Mean Square	F Ratio
Between Groups	140.87	5	28.17	2.66*
Water vs. no water	63.93	1	63.93	6.04*
Remainder	76.94	4	19.24	
Within Groups	4203.09	397	10.59	
Totals	4343.96	402		

(*) Means significant at the 2.5% level.

SCHEFFE'S TEST*

Formula-water vs. breast-water

$$\left| \overline{Y}_i - \overline{Y}_j \right| > \sqrt{(p-1\ F_{.25}\ (p-1, f)} \qquad \sqrt{s^2\ (1/_{nj} + 1/_{nj})}$$

$$\left| 4.975 - 6.112 \right| > \sqrt{5(F_{.25}\ (5.397)} \qquad \sqrt{(10.59\ (1/_{87} + 1/81)}$$

$$1.137 > \sqrt{5\ (1.33)} \qquad \sqrt{.2436}$$

But $1.137 < 1.27$

$\therefore$ not significant at 25% level

*Bancroft, T. A.: *Topics In Intermediate Statistical Methods,* Ames, Iowa: Iowa State University Press, 1968, p. 103.

TABLE 3

This comparison indicated that these factors were not statistically significant. Therefore, although the data indicates a trend toward breast feeding being associated with a higher bilirubin level than bottle feeding, conservative statistical testing does not bear this out. Water encouragement, however, is significantly related to lower bilirubin levels regardless of the type of feeding.

Several additional runs were made on the data in an effort to search out other possible contributing factors and interactions. The areas of investigation included:

1. Month.
2. Treatment of the cord.
3. Hospital.
4. Age sample taken.

None of these were found significant.

The one-way ANOVA for bilirubin in the two hospitals yielded a significant F (at the 0.5% level). No explanation could be found for this statistic unless one considers the possibility of consistent variation between technologists performing the bilirubin determinations or inherent consistent difference between the methods used. Neither of these seems likely.

With respect to the hemoglobin variable, the F ratio for hemoglobin within the three groups defined by treatment of the cord was insignificant.

With regard to the recognition of jaundice, it was first determined whether there was a relationship between such recognition and the age when the blood was drawn. The correlation coefficient was very low. A t-test for the difference between the mean bilirubin readings for babies classified as jaundiced and non-jaundiced at both hospitals, respectively, was highly significant. These results are summarized as follows:

	HOSPITAL A		HOSPITAL B	
	Jaundiced	Not Jaundiced	Jaundiced	Not Jaundiced
Mean Bilirubin	9.380	5.615	7.872	4.618

Conclusions

The following conclusions were drawn from the results of the study:—

1. Cord stripping and/or draining has no effect on serum bilirubin or hemoglobin of normal newborn infants at the times determined. Therefore, it cannot be advocated or condemned on the basis of these factors alone. The possible hemodynamic effects on the newborn's cardiovascular system remain to be more clearly elucidated. Burnard et al.[6] reported that stripping the cord two or three times, allowing it to fill each time, increases the radiological transverse diameter of the heart. This x-ray finding was also present in asphyxiated (on the basis of blood studies) infants. In both instances there was a decrease to more normal transverse diameter by the fifth day of life. Whether such increase in cardiac transverse diameter indicates a harmful hemodynamic effect or not is uncertain but, at least, this finding was not present in high-Apgar-score, normal infants.

2. Those babies that were not encouraged to take water had the higher bilirubin reading.

3. Temperature variations did not result in a significant F ratio, but the imbalance in the data makes the analyses unreliable. Further testing would be necessary to reach a more definite conclusion.

4. The mean level at which our nursery personnel can recognize jaundice is 9.4 $\pm$ 0.42 mgs % at one hospital and 7.9 $\pm$ 0.54 mgs % at the other.

Comments

This study exemplifies the type of research which is possible through the cooperative effort of private hospitals and a state-supported statistical-computer facility.

It was of great personal interest to the individuals involved and produced positive results in the form of the following recommendations which were made to the physicians and nurses involved in the delivery and care of newborn infants.

1. The practice of cord stripping should be discontinued until there is evidence that it is beneficial to the child.
2. Water should be encouraged on all infants.
3. Infants with low water intake should be treated as a "high risk" group as far as the observation for jaundice is concerned.

Summary

Normal newborn infants were studied to determine the effect of umbilical cord treatment and other factors on serum bilirubin. Stripping the cord had no statistically significant effect on either the bilirubin or hemoglobin. Feeding, *without* water encouragement, was related to a statistically significant increase in bilirubin. No statistically relevant relationship was found between bilirubin levels and infant body temperature variations, month, or age at blood sampling.

Acknowledgements

Grateful acknowledgement is given to the libraries at the Indiana University Medical Center and St. Elizabeth Hospital and the Computer Sciences Center at Purdue University. The support of the St. Elizabeth and Home Hospital medical and nursing staffs and laboratories was indispensable to the completion of this study.

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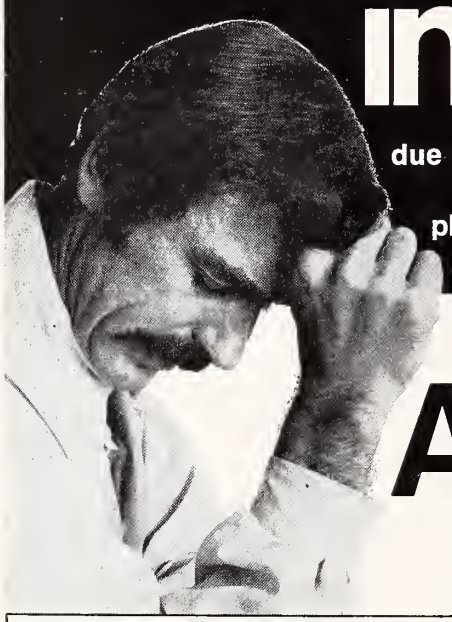

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Oxygen Therapy in the Newborn Infant*

The following recommendations will appear in the revision of the manual, Standards and Recommendations for Hospital Care of Newborn Infants, *scheduled for publication early in 1971. Because the Committee felt a sense of urgency to provide these recommendations to pediatricians, family physicians, and other health professionals caring for newborn infants, they are being published prior to appearance of the manual. The statement has had extensive review by a large number of experts not on the Committee, and their comments and suggestions have been followed in the preparation of the final draft.*

When a newborn infant needs extra oxygen, it must be administered with great care because there is a causal relationship between a higher than normal oxygen tension in arterial blood (60 to 100 mm Hg) and retrolental fibroplasia (retinopathy of prematurity). When the normal O_2 tension is exceeded, there is an increased risk of retrolental fibroplasia. The upper limit of arterial oxygen tension and its duration which are safe for these infants is not known. It is probable that even concentrations of 40% of inspired oxygen (formerly considered safe) could be dangerous for some infants.

An inspired oxygen concentration of 40% may be insufficient for infants with cardiorespiratory disease to raise the oxygen tension of arterial blood to a normal level. In such instances, an inspired oxygen concentration of 60%, 80%, or higher may be necessary. However, it is difficult to judge the concentration of inspired oxygen necessary to maintain effective oxygenation of tissues by clinical signs in these infants. An infant may have peripheral cyanosis and yet may have a normal or an elevated arterial oxygen tension. Therefore, arterial blood gas measurements are extremely important for regulation of the concentration of inspired oxygen when an oxygen-enriched environment is necessary.

Recommendations

1. Oxygen tension of arterial blood should not exceed 100 mm Hg and should be maintained between 60 to 80 mm Hg.
2. Inspired oxygen may be needed in relatively high concentrations to maintain the arterial oxygen tension in the normal range.
3. If blood gas measurements are not available, a mature infant who is not apneic but has generalized cyanosis may be given oxygen in a concentration just high enough to abolish the cyanosis. However, if supplemental oxygen is necessary for an immature infant, he should be transferred to a center at which inspired oxygen concentration can be regulated on the basis of blood gas measurements.
4. The ideal sampling sites for arterial oxygen tension studies are the radial or temporal arteries. In most circumstances, however, a sample from the descending aorta through an indwelling umbilical arterial catheter is satisfactory.
5. Equipment for the regulation of oxygen concentration (as provided by some incubators and respirators) and devices for mixing oxygen and room air may not function properly; therefore, it is essential that, when an infant is placed in an oxygen-enriched environment, the concentration of oxygen be measured with an oxygen analyzer at least every two hours. The performance of the oxygen analyzer must be checked daily by calibration with room air and 100% oxygen.
6. Mixtures of oxygen and room air may be delivered to an infant by endotracheal tubes, masks, funnels, hoods, or incubators. Regardless of the method used, the mixture should be warmed and humidified.
7. The condition of infants requiring oxygen may improve rapidly. Under these circumstances, the inspired oxygen concentrations should be promptly lowered. If the infant's recovery is gradual, the oxygen concentrations should be lowered by 10% decrements, guided by blood gas measurements.
8. It should be appreciated that oxygen is toxic to other organs (e.g., lungs), which may be damaged even if the foregoing criteria are adhered to.
9. A person experienced in recognizing retrolental fibroplasia (retinopathy of prematurity) should examine the eyes of all infants born at less than 36 weeks' gestation or weighing less than 2,000 gm (4.2 lb) who have received oxygen therapy. This examination should be made at discharge from the nursery and at three to six months of age. ◄

* Issued by the Committee on Fetus and Newborn, American Academy of Pediatrics.

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Blood Alcohol*

ETHYL alcohol is of medico-legal importance not only because of its ability to cause drunkenness and even death after excessive ingestion but also because of its synergistic toxic action with various drugs and the pharmacological action of depressing the central nervous system. The depressant effects of alcohol on the CNS include lessened efficiency of the fine senses including taste, touch, vision and hearing, impaired coordination of voluntary muscles, and deterioration of judgment and self-control. Because of these effects in cases of automobile accidents, felonies, and various other criminal investigations it becomes desirable and necessary to determine and evaluate the alcohol content of the body fluids of individuals.

Pharmacology. The local action of alcohol is that of an irritant to skin and mucous membranes. It is one of the few materials that is absorbed directly from the stomach and therefore is distributed rapidly throughout the system. Absorption is slower when food is present in the stomach and intestines. Once absorbed it is distributed rapidly to all body tissues in proportion to their water content. The liver oxidizes much of the ingested alcohol to carbon dioxide and water. Portions of the alcohol are excreted in the urine and in exhaled air.

The chief toxic effect follows absorption into the brain where first the cerebrum and then the cerebellum, spinal cord, and medulla are affected. The total disappearance of alcohol from the body is, for all practical purposes, linear. Blood alcohol content decreases approximately 0.01-0.02%/hour.

Specimens for Alcohol Determination. Blood and breath alcohol values are those most commonly determined. In certain cases, the alcohol content of the brain would be of more significance in determining the state of intoxication. However, it has been shown that the content of alcohol in blood is proportional to that in the brain, with the brain concentration approximating 90% of the blood level. Hence, blood is the specimen of choice. It should be noted that serum or plasma levels of alcohol are approximately 16% higher on a volume basis than that of whole blood (because of their greater water content).

The *urine/blood* alcohol ratio is about 1.25. The *saliva/blood* alcohol ratio is about 1.20. *Spinal fluid/blood* alcohol ratio is about 1.14.

The gas in the lung alveoli attains equilibrium with pulmonary blood with regard to alcohol. The *alveolar*

* Prepared by Section of Practice of Pathology in the Private Office, College of American Pathologists.

air/blood alcohol ratio is about 1/2100; the analysis of breath yields a reliable and widely used estimate of the concentration of alcohol in the alveolar air and in the arterial blood.

In evaluating the different levels of alcohol in organs and excretions, it should be remembered that during the early absorption phase alcohol distribution throughout the body is not constant. Thus there may be a relatively high concentration in the exhaled air before equal saturation is attained in the brain. Likewise, the residual urine in the bladder may contain large amounts of alcohol at a time when the brain level has dropped to a level that indicates relative sobriety. For this reason the use of urine as a test substance should be restricted to the second of two specimens collected at one half to one hour intervals.

Analysis for Alcohol. Tests for alcohol concentration are based on three general methods: (1) oxidation of the alcohol by strong oxidizing agents, (2) gas chromatography, and (3) enzymatic alcohol dehydrogenase.

Chemical determinations and breath tests are all based on the use of oxidizing agents such as dichromate, permanganate, iodine pentoxide, and others. These tests are for the most part non-specific, and other substances such as acetone, ketone bodies, methyl alcohol, methenamine, and formaldehyde will give positive reactions. *Their presence or absence must be determined in the specimen.*

Gas chromatography is a reliable and specific means of identifying and quantitating ethyl alcohol as well as for differentiating between volatile interfering substances.

The enzyme alcohol dehydrogenase oxidizes ethyl alcohol to acetaldehyde and is quite specific for ethyl alcohol.

In important medico-legal cases where a high concentration of blood alcohol has been found by an oxidation chemical test it may be wise to verify the analysis by another method.

The signs of alcoholic intoxication are well known. In cases of coma, however, it is well to remember that although the subject may appear to be, and actually may be intoxicated, the coma can be due to other causes such as skull fracture, brain tumor, apoplexy, uremia, hyperinsulinism, diabetic acidosis or ruptured viscus. It is imperative that the condition of the patient be diagnosed rapidly and accurately.

Blood Alcohol Concentration vs Intoxication. Authorities differ on the concentration of alcohol in blood required to produce intoxication. In certain European countries blood alcohol levels at which prosecution will be undertaken is much less than in some areas of the United States. At present the following values are generally accepted in the United States (A.M.A. Los Angeles meeting, 1962):

Blood Alcohol Content (%)	Remarks
0.0 -0.05	No chemical evidence of being under the influence of alcohol
0.05-0.10	Possibly under the influence of alcohol; corroborative evidence necessary
0.10-0.15	Under the influence of alcohol; all individuals in this range show impairment
0.15-.20	Many state laws require 0.15% as prima facie evidence of intoxication
.25-.30	Marked intoxication
.30-.40	Dead drunk
>.40	Comatose; may lead to death

Alcoholic effects are heightened in the presence of depressant drugs such as barbiturates, morphine, chloral hydrate, paraldehyde, anticonvulsants, antihistamines, or tranquilizers. Carbon monoxide also produces additive effects. Every comatose patient should have an initial barbiturate determination as well as a blood alcohol determination.

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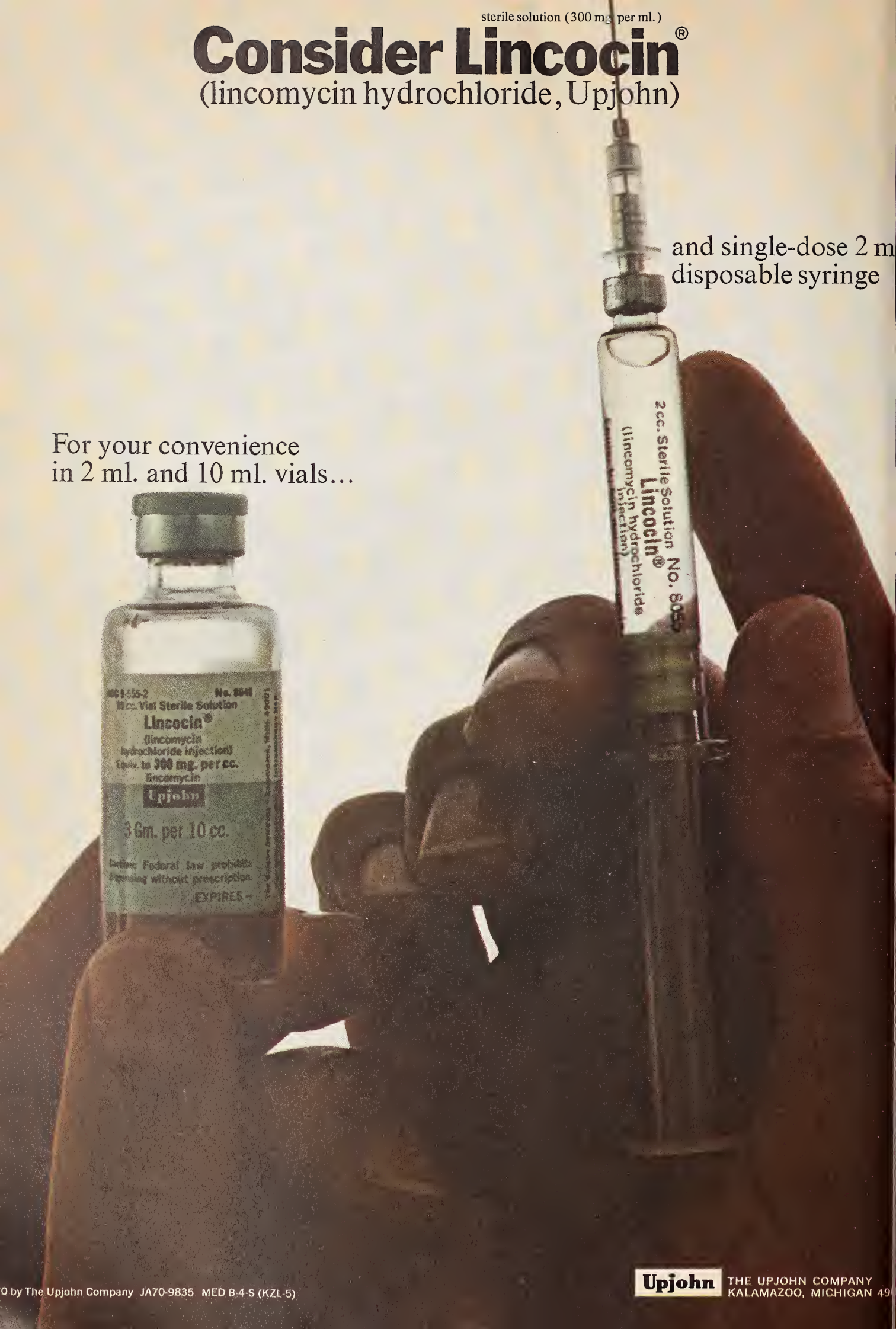

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From the President's Desk

Your Executive Committee and IMPAC made their yearly Congressional visit recently. The first two-and-one-half days were spent at the AMPAC—AMA Public Affairs Workshop where the speakers were John Veneman, Undersecretary, Department of Health, Education, and Welfare; Richard Scammon, director of the Election Research Center; and Senator Dole, Chairman of the Republican National Committee. The Medicredit bill, other national health plans and proposed plans for gearing up the 1972 election were discussed.

The next two days were spent in briefing by the AMA Washington office and in visits to the offices of both Indiana Senators and every Representative in Congress. Your delegations were generally well received. Representatives Bray, Myers, Zion and Hillis are co-sponsors of the Medicredit health care bill and ISMA's appreciation was made known to them. May I suggest that you express your appreciation to these Congressmen? I feel that the doctors of Indiana should give credit to these men who have presented a sensible bill on health insurance which, of course, goes about solving the problems of health care financing in a way far different from the radical approach of the Kennedys, the Reuthers and others.

Our steak dinner for the Congressmen, the staff and our MDs was held on Tuesday, March 16, at the Washington Press Club.

I feel that ISMA's and IMPAC's interest in general medical problems was established by our Washington visit. May I remind those of you who have not contributed to IMPAC-AMPAC to do so now? With the upcoming legislative fight over national health insurance, these groups NEED YOUR FINANCIAL SUPPORT!

M. O. Scamahorn, MD

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Devoted to the interests of the medical profession of Indiana

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Leukemia Research — 1971

FUNDAMENTAL knowledge of the nature, etiology and therapy of malignancy seems to be more advanced in the field of leukemia and lymphomas. This is the result of widespread and dedicated research in clinical medicine, biochemistry, molecular biology, pharmacology, virology, physiology, hematology and chemotherapy. The American Cancer Society and other organizations have given and will continue to give substantial financial support to this research.

Leukemia may occur at any age. During childhood the acute varieties are by far the most common; in adult life both acute and chronic types occur. There are approximately 14,000 deaths each year in the United States. The death rate has doubled since 1935. This may be due to better diagnosis and better reporting.

Many etiological factors are to be considered, some are well established, others are still to be accurately appraised. Specific factors known to be related to leukemia are genetic background, radiation exposure, exposure to chemicals and viruses. The factor of host resistance, although recognizable by indirect evidence, will require much study for full understanding.

In 1947 Farber introduced the concept of chemotherapy for acute leukemia of childhood and induced temporary remissions by the use of aminopterin. Since that time there have been many advances in chemotherapy of leukemia with development of other drugs and the discovery that combinations of drugs may have major beneficial effect.

However, the toxic side effects of these drugs makes supportive therapy an important part of the treatment. Research continues at Indiana University to assess the value of blood components for supportive treatment.

Some of the chemotherapeutic research with individual drugs and combinations of drugs has been carried out at Indiana University as individual projects and in cooperative groups, as is still being done by Dr. Jo Ann Cornet at Riley Hospital.

One of the research goals in a disease which does not have a satisfactory cure is that of prevention. Dr. Mary Hodias has been working for two years at Indiana with extracts of sheep spleen and serum. She is seeking to define the factors which appear to be preventive in some types of radiation-induced leukemia in mice.

Other avenues of research have included active immunization with BCG while the patient is in remission. Also a cell-specific enzyme is being sought for the purpose of destroying the leukemic cell while sparing normal cells.

No one facet of research work is going to solve the problem. Perhaps as greater understanding is achieved protective immunization will be possible, as it is now in poliomyelitis. Meanwhile better methods of treatment and possibly a cure will be searched for. As the knowledge of leukemia develops it may produce leads into the conquest of the more mysterious forms of malignancy.

Guest Editorial

Pollution Cure Must Not Be Worse Than Disease

NOT since politicians discovered the importance of praising motherhood has there been an issue quite as safe—or as politically attractive—as pollution control.

Unfortunately, as often happens with good causes, this one is in danger of turning into a counterproductive witch-hunt.

There is a regrettable tendency in American society—perhaps in all societies—to search for a villain behind every problem. Thus, pollution must be the "fault" of "greedy" in-

dustrialists, concerned only with their "excess" profits.

Such reasoning ignores the fact that a few years ago industrialists were no more aware of the damage they might cause than were the citizens who permitted their municipal sewage to discharge—untreated—directly into local bodies of water.

And the citizens of those days demanded low taxes and inexpensive goods. They still do.

So we are faced with a problem that was many years in the making, and to which we all contributed.

But the militant environmentalists demand action NOW! They are blind and deaf to the ample evidence that in pursuing ill-considered solutions to long-term problems we may create short-term disasters.

We already have.

The message is quite simple: It took us years to foul our environment, and it is going to take us years to clean it up. In the process, we must take great care to avoid creating new problems even bigger than the ones we are trying to solve.

Extremism in any cause, however noble, usually provokes a counterreaction. The environmentalist cause is a good one. I would hate to see it discredited and forgotten by the American people because of immoderate conduct on the part of some overzealous crusaders.—**F. Ritter Shumway, President, Chamber of Commerce of the United States.**

Editorial Notes . . .

The National Society for Medical Research reports that a dog's kidney that was removed, frozen, thawed and then reimplanted is beginning to function three weeks after reimplantation. The University of Pennsylvania cites the experiment as their first success. Additional hope for organ banks in the future is provided by a Cleveland Clinic researcher who has been able to preserve unfrozen kidneys for 24 hours and achieve successful reimplantation.

Investigators at the Bronx VA Hospital report significant results in the immunization of guinea pigs against leukemia. Healthy guinea pigs develop leukemia and die of the disease if they are inoculated with a standard dose of leukemia cells. However, 42 percent of the pigs, inoculated intracutaneously beforehand with small doses of cells, survive the standard dose given later. No application to humans is possible at this time.

Automated and semi-automated systems to aid the physician and save his time are being proposed. An automated medical questionnaire (automated medical history), together with tests such as the Pap smear, electrocardiogram, chest x-ray, anthropometry, blood pressure, visual acuity, tonometry, spirometry, hearing tests, Chem-12, blood count and urinalysis, to be processed and stored on tape, is suggested. Dr. Charles Weller emphasizes that if a special automated multiphasic health testing center is established to perform this service, each patient should be registered with his own physician who would utilize the data to complement the physical examination. The system is useful not only in early diagnosis of nonsymptomatic disease but also in providing a base-line for future studies.

The suggestion that a Ghetto Medical Corps be established is interesting. Physicians would be attracted to it by making ghetto service interchangeable with obligatory service in the armed services. It will be interesting because no one will be influenced to choose ghetto service in order to avoid gunfire. There is at least one ghetto in the U.S. in which every doctor's office has had several daylight robberies, except one office which has been held up but once. That is the office which now has an armed guard in the waiting room. Ghetto doctors in the future will rate their offices as 16-gauge, 20-gauge, etc.

Dr. Maurice Hilleman, nationally recognized virologist with the Merck Institute for Therapeutic Research, warns that the current concern about absolute safety of vaccines may be a deterrent to the discovery and introduction of possible important vaccines in the future. He foresees the development of a vaccine against the common cold and feels that a vaccine may be possible against cancer. Both are important advances which he thinks may be interfered with if the pursuit of safety is dominated by phobias and apprehensions.

The Monsanto Research Corporation is busily extracting a research drug, camptothecin, from a rare tree which is almost unobtainable. The tree, "Camptotheca acuminata," is a native of mainland China. No more than 30 trees are known outside China. These are in Taiwan, Hawaii and California. 3,000 pounds of tree and roots are needed to produce ten ounces of the drug. All that Monsanto produces goes to the Cancer Chemotherapy National Service Center. Preliminary work indicates antitumor effectiveness, especially in the case of colon and rectum. Meanwhile the tree is being propagated in Calfiornia in an effort to increase the supply of raw material.

Aging may be more directly related to environmental factors than is popularly thought. Notre Dame researchers find that two-year old germfree rats show none of the conventional signs of age, whereas ordinary laboratory rats exhibit pneumonia, nephritis, malignant tumors and lesions of the skeletal muscles, heart and arteries at two years. The experiment will continue to discover the cause of death in the germfree animals.

The Veterans Administration has simplified procedures for admitting veterans over 65 years of age for treatment of conditions not related to military service. A new law removes the requirement that such veterans certify that they are unable to pay for hospital care. The same rule applies to veterans who receive VA pensions.

The NAS-NRC Committee on Plasma and Plasma Substitutes has reported on the current knowledge concerning the "Australia Antigen" (HAA-hepatitis associated antigen). The findings are in part: The incidence of hepatitis in recipients of multiple transfusions where at least one unit of HAA-positive blood is given is three to five times as high as recipients of HAA-negative blood. HAA-positive blood indicates that the person is infected with one of the agents of hepatitis. Not all carriers of hepatitis give the positive reaction. More research is needed to clarify the status of testing. Standard antisera are not available in adequate quantities for use by all blood banks at present.

In dedicating Purdue's new Pharmacy Building recently Dean Varro E. Tyler pointed out that since most prescriptions will soon be paid for by third parties, the patients will seek the pharmacist who offers the best clinical service. He described the Purdue curriculum as "to prepare a pharmacist whose interest and abilities would be directed not so much to the physician and other members of the health professions, but to the patient." He sounds like an advocate of medical practice by pharmacists when he adds: "There is no accessible health professional, other than the pharmacist, to whom the public can go for preliminary information on the proper treatment of an ailment."

Behavior and how it is affected by drugs is being investigated by the North Carolina Department of Mental Health by using spiders as laboratory animals. A computer is programmed with the normal spider web and its normal variations. The lab is equipped to simulate early morning conditions (the best time of day for web-weaving). Half the spiders are controls; the other half receive drugs (hallucinogens, amphetamines, barbiturates or tranquilizers). The webs are analyzed by computer which prints out the numerical differences in 27 different measurements. An astonishing variety of abnormal behavior, both muscular and mental, is demonstrated.

Government medicine (socialized medicine) is said to be more expensive than private medicine. When it is allowed to exist on a large scale it is often the cause of an actual increase in the price of private medicine. A nursing home in Indiana, which has been charging its private patients $12 a day, has found that it must now charge the private patients $13 a day. The reason is that the Medicaid rate is $13 and it is unlawful to charge any patient less than the Medicaid rate. ◄

From *The Journal* 50 Years Ago

Of the unsolved problems of medicine there is none which offers a more inviting field than the etiology of cancer. And despite the endless amount of scientific investigation that has been pursued for decades by the best medical minds in the world, we seem about as much in the dark as ever, as to the ultimate solution of this knotty problem. However there has been acquired a vast fund of valuable information which, even though much of it be of a negative kind, will finally lend tremendously toward the end sought.

Many promising clues have in the past been relentlessly pursued only to find that in the final analyses, the answer was not there. Among such may be mentioned Cohnheim's theory of embryonic origin, Hauseman's "anaplasia," Ribbert's "tissue tension," Adami's "habit growth," "heredity," etc. Each has been proven to have its fallacies, and for many years the failure of experiments at transplanting human cancer from one person to another has been accepted as proof of the non-transmissibility of cancer from person to person, despite the success of such experiments upon the lower animals. The theory of long-continued local irritation becomes attractive by the illustrations of the smokers' cancer, the cancer of the betel-nut chewers, that of paraffin workers, chimney sweeps, cancer of the breast, more common in those races where the breasts are covered and pressure exerted by the clothes than in those whose breasts were left uncovered and exposed to the air, a fact brought out by W. J. Mayo[1] . . . Editorial, *JISMA*, April 1921.

[1] Mayo, W. J., *Surg. Gynecol. Obstet.* Vol. 26, No. 4, p. 367.

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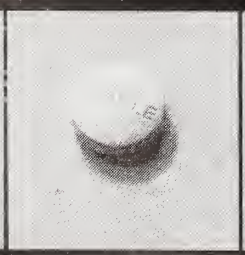

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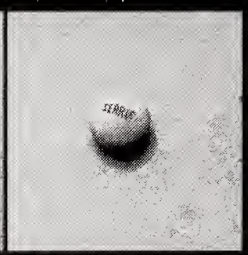

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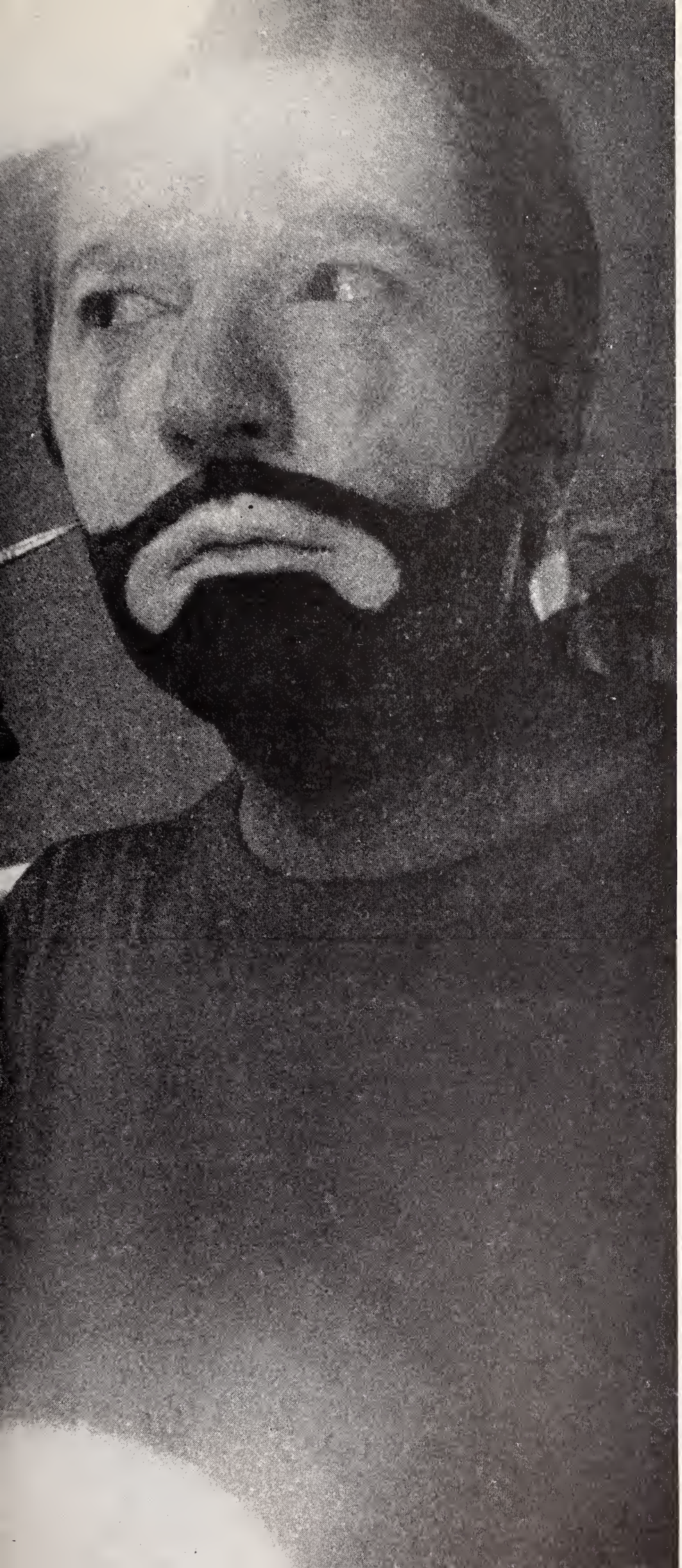

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Contraindications: Glaucoma, severe cardiac disease.

Precautions: Since varying degrees of urinary hesitancy may occur in elderly men with prostatic hypertrophy, this should be watched for in such patients until they have gained some experience with the drug. Although never reported, theoretically a curare-like action may occur with possible loss of voluntary muscle control. Such patients should receive prompt and continuing artificial respiration until the drug effect has been exhausted.

Side Effects: The more common side effects, in order of incidence, are xerostomia, mydriasis, hesitancy of urination and gastric fullness.

Dosage: The maximal tolerated dosage is usually the most effective. For most adult patients this will be four to six 15-mg. tablets daily in divided doses. In severe conditions as many as two tablets four to six times daily may be required. Pro-Banthine is supplied as tablets of 15 mg., as prolonged-acting tablets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg. The parenteral dose should be adjusted to the patient's requirement and may be up to 30 mg. or more every six hours, intramuscularly or intravenously.

Pro-Banthine® 15 mg.
(propantheline bromide)
with
Dartal® 5 mg.
(thiopropazate dihydrochloride)

Indications: Peptic ulcer, spastic constipation, nonspecific gastritis, functional gastrointestinal disorders, pylorospasm, hyperhidrosis, irritable bowel syndrome, mucous or ulcerative colitis, functional diarrhea.

Contraindications: Glaucoma, severe cardiac disease.

Warnings: Pro-Banthine with Dartal should not be administered to patients who are under the influence of barbiturates, alcohol or narcotics. The drug should be administered cautiously to epileptic patients or those in depressed states, patients with liver disease and to pregnant women. Hypersensitivity to Dartal may occur rarely in patients with known sensitivity to similar drugs.

Side Effects: Dryness of the mouth, mydriasis, hesitancy of urination; less commonly extrapyramidal (restlessness, dystonia and signs of pseudoparkinsonism such as muscular rigidity, fixed facies, tremor, ataxia, festinant gait and drooling), parasympatholytic (blurred vision, xerostomia, hypotension, nasal congestion and constipation) and curare-like (loss of control of voluntary muscles, particularly the muscles of respiration) reactions. Rarely, leukopenia or allergic purpura. A generalized erythematous skin reaction may occur. Side effects characteristic of phenothiazines such as grand mal convulsions, altered cerebrospinal proteins, cerebral edema, potentiation of the effects of atropine, heat or phosphorus insecticides, autonomic reactions, endocrine disturbances, reversed epinephrine effect, hyperpyrexia or pigmentary retinopathy may theoretically occur but have not been reported with Dartal. Severe hypotension following recommended doses occurs more commonly in patients who are also afflicted by other medical disorders such as mitral insufficiency or pheochromocytoma, and particular attention should be paid to such a possibility although this has not been observed with Dartal.

Adult Dosage: One tablet three times a day.

Pro-Banthine® 15 mg.
(propantheline bromide)
with
Phenobarbital 15 mg.

Warning: May be habit-forming.

For *Indications, Contraindications, Precautions, Side Effects* and *Dosage* see Pro-Banthine. In addition, phenobarbital should be administered with caution to patients with liver disease, mental disturbances or a significant degree of hypoxia.

Pro-Banthine P.A.®
prolonged acting brand of propantheline bromide

For *Indications, Contraindications, Precautions* and *Side Effects* see Pro-Banthine.

Dosage Form: Capsule-shaped, compression-coated, peach tablets of 30 mg. for oral use.

Dosage: The recommended initial dosage is one tablet in the morning and one at night.

084

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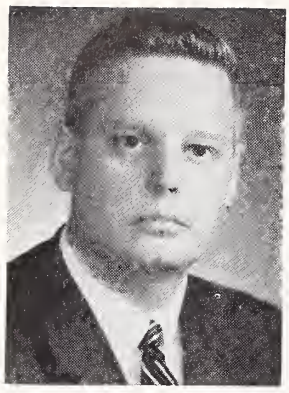

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

YOU should keep exact records of the amounts of your adjusted bases for your shares and debt that have been issued to you by your Subchapter S corporations. Net operating losses of such corporations pass through to the shareholders and may be deducted by the shareholders in their individual income tax returns. However, such losses reduce the adjusted bases of the shareholders' shares and debt, and once such bases equal zero for a particular shareholder, then that shareholder may not deduct any more of the corporation's losses. Further, a recent court case denied a shareholder a loss deduction because he couldn't prove the adjusted bases for his shares.

The law is still being hammered out, for estate tax purposes, on the issue of whether a taxpayer may give away the complete legal title to his residence (house and land) to a close relative, continue to live in the residence, and avoid having the residence included in his gross estate when he dies. A recent court case held that there was an *implied* understanding between a mother and her daughter that the mother would continue to live in the residence after the mother conveyed the property to the daughter. Thus, the court included the residence in the gross estate of the mother. It seems that it is about time that Congress disposed of this problem by legislation.

For those of you (or your friends) who are flying to Las Vegas to gamble, you should ask your attorney to check the recent Tax Court case of *James T. Shiosaki*, CCH §7338M (1971), which gives some insight as to the conditions under which the expenses of the trip may be deducted. Though the taxpayer lost the deduction in this case, the case discusses the conditions which will justify a deduction for professional and nonprofessional gamblers.

Congress has just enacted a major change in the federal gift tax law. Now, taxpayers must file federal gift tax returns and pay any gift taxes owing, for gifts made after December 31, 1970, on a "quarterly" basis. That is, a federal gift tax return and gift tax payment is due on or before the 15th day of the second month following the end of the calendar quarter in which a gift (which exceeds the $3,000 annual exclusion) is made. Thus, I would think that in most cases, you would want to make all of your gifts after September 30th, of a particular year, so as to avoid filing more than one gift tax return and to delay the payment of any gift tax owing until February 15th of the following year. If you are worried about the adverse effect of gifts in contemplation of death, for estate tax purposes, then the gifts should be made as soon as possible after you decide to make the gifts.

If you want to help yourself escape the Indiana inheritance tax, then you can do two simple things. Make certain that the title to any real estate that you own is in your and your spouse's names as tenants by the entireties. If the title is in this form, the real estate will not be subject to the inheritance tax when either of you dies. Also, to avoid having the inheritance tax imposed upon the proceeds of your life insurance, be certain to have the life insurance payable to a specific beneficiary other than your estate. The proceeds could be payable to a trust, but care has to be taken to be certain that the wording of the trust will prevent the proceeds from being subjected to the inheritance tax.

If you are in a high enough income tax bracket, you will be wiser if you invest in state and local bonds that yield tax-exempt interest income. For example, if you are in the 40% federal income tax bracket, then you will make more money by purchasing a 4% tax-exempt interest bond than you will by purchasing a 5% taxable interest bond. ◄

Indiana Medical Foundation

The Indiana Medical Foundation was organized to furnish support for the educational activities of the Indiana State Medical Association. These activities include programs for continuing education and the scientific publications of *The Journal*. Contributions made to the foundation are deductible by donors in accordance with the Internal Revenue Code. Bequests, legacies and gifts are deductible for federal estate and gift tax purposes. Memorial contributions made to the foundation will be formally recorded and acknowledgment will be sent to the family. Gifts, bequests, and memorial contributions may be mailed to the foundation at 3935 N. Meridian St., Indianapolis 46208.

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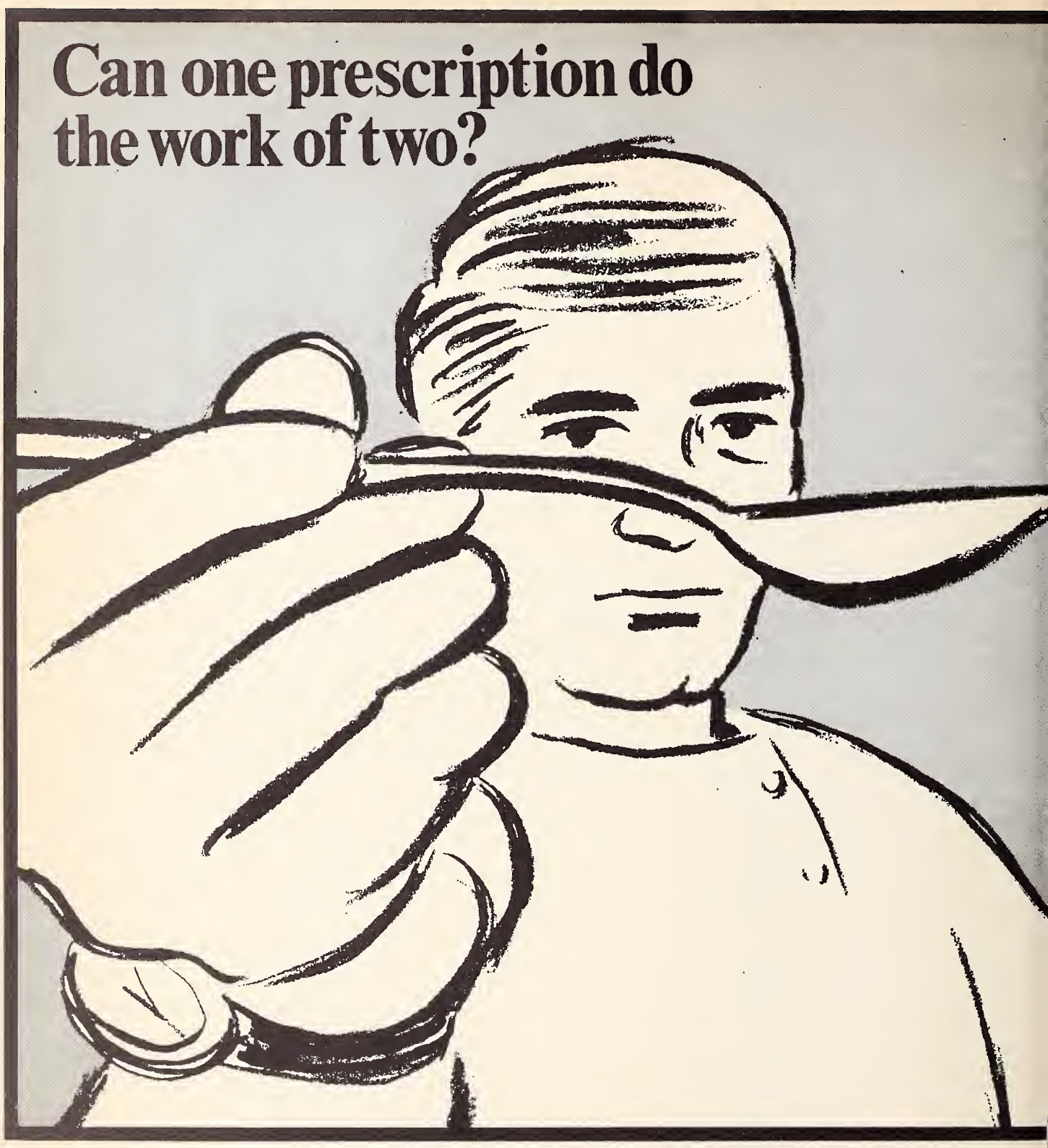

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Good advice for physicians by Dr. Herman Wing who is both a doctor and a lawyer.

Law and Medicine—What Is New?*

HERMAN WING, M.D., LL.B.**

BEFORE we discuss what is new, let us look at a piece of history —real, ancient history of this particular subject. It is said that the future is a mirror of the past. Medicine has a history as old as ancient man whereby, through the process of trial and error, the physician obtained knowledge of substances which could combat the pain of disease, delay death and be of medicinal value. The doctor himself became an influential member of society because of his particular knowledge and expertise in health matters.

On the other hand, the Law is as old as society, for when men began to group together, interrelationships governing the conduct and mores between individuals and groups arose. The rights of individuals and of groups had to be defined, and in this way a system of Law developed. Many standards of conduct were set up.

We know from the ancient writings of Egypt and Babylon that even then there was a knowledge of medicine which was systemized and that there was some semblance of the scientific approach that we know today. There was also a definite system of law relating to crime, property, marriage and civil matters. There is a record of a murder trial found in Sumeria on a clay tablet dating back to 1850 B.C. We also know from materials we have that as far back as 3000 B.C. the practice of medicine was organized and subjected to legal restrictions. Some physicians were interested only in teeth, eyes, intestines or other parts of the body. There was even a state medical service with salaries paid by the Egyptian treasury. It may interest you to know that an official named Imhotep served both as the chief justice and physician to King Zoser. He was an individual who combined the science of law and medicine and might perhaps be described as the first medical-legal expert. While there was a great amount of divinity and magic which permeated the practice of medicine in those days, experiments, originality, etc., were encouraged, and there was a distinction between good treatment and bad, between competence and malpractice. In the Code of Hammurabi, inscribed on stone about 2000 B.C. and possibly the oldest written code of law, severe penalties were inflicted for quackery. In addition, malpractice by surgeons might result in a fine or in loss of hands or life.

Physician—Patient Relationship

In the area of the physician-patient relationship, you may ask, is there anything really new? With the explosion of knowledge and technology, with nuclear energy and computerization, there will be a greater emphasis on the relationships of Law and Medicine. In medicine, we have to deal with the individual patients. Regardless of how much technical and scientific assistance we may have with the use of machines and electronic equipment, all the effects of these mechanisms eventually have to be filtered and sifted so that an individual doctor can interpret and handle them in order to treat individual patients. The sine qua non of our *present* system of practice—and, we hope, in the future, also—is the personal doctor-patient relationship. This is the quintessence of our practice.

No matter how defined legally, no matter what the restriction, limitations and responsibilities are, the physician-patient relationship depends on the mutual respect of two individuals. The actual practice of medicine must be carried by a qualified physician who has, and should exercise, the ultimate responsibility for the administration of medical care to the patient and the health needs of the community.

Committee on Medicolegal Problems

How is the doctor aided in avoiding legal pitfalls in maintaining this

A Definition

Legal or forensic medicine is that knowledge which may be defined as the science which applies the knowledge of medicine to the benefit of the law.

* Presented at a joint meeting of the Vanderburgh County Medical Society and the Vanderburgh County Bar Association in Evansville.

** Director, Department of Physical Medicine and Rehabilitation, Illinois Masonic Medical Center, Chicago; member, Committee on Medicolegal Problems of the American Medical Association.
of the American Medical Association, Medico-Legal Council of the Illinois State Medical Society; Chairman, Medico-Legal Committee of the Chicago Medical Society.

physician-patient relationship? One of the aids is provided by the Committee on Medicolegal Problems of the American Medical Association.

The AMA Committee on Medicolegal Problems and similar state committees deal with such matters where the law affects the practice of medicine. On the AMA Committee we deal with matters of licensure and disciplinary proceedings, consent for medical treatments, blood tests and transfusions, autopsy and death definitions, and recommendations for a model organ transplant law—the Uniform Anatomical Gifts Act—that has been enacted in many states—38 at present. The Committee has recently published a book on chemical tests for the drunk driver—called "Alcohol and the Impaired Driver"—which has helped to determine standards of intoxication for patient care in these circumstances.

The great bulk of our interest is concerned with three areas where the medical and legal professions come into juxtaposition. These are:

1. The physician as an expert witness;
2. The physician as a defendant in legal actions;
3. The physician and his relationship with hospitals.

I. As an Expert Witness

The physician's role in the pursuit of justice as an expert witness is the most usual area of contact between the two professions. In this role he gives advice and knowledge in the many automobile accident and other personal injury claims and law suits between other persons, in workmen's compensation cases, and other insurance matters, such as life insurance, hospitalization and medical indemnity. He often is requested to report on disability ratings and to determine the cause of death. He renders expert medical advice before many other government regulatory bodies. An example is the Kopechne-Kennedy incident. Here we see the intrusion of political influence eroding the established medical-legal principles of proper investigation and handling of homicide in the Commonwealth of Massachusetts. Many of us were disappointed because we felt that, from a medical-legal standpoint, this case deserved better handling. Many of us in the medical-legal field were shocked that the mishandling occurred in Massachusetts, where there is so much knowledge and expertise in the medical and law schools and where they have so many programs of medical-legal interest. No one from these institutions or the Medical or Bar Association has spoken out or taken politicians to task for not following the very same medical-legal principles of investigation of death which are taught to the students and the professionals in that area. Autopsies and post-mortem examinations are carried on in every part of the country. While in many areas there aren't enough of these experts to perform these procedures properly, in Massachusetts there certainly are many experts available, and the complete avoidance of the procedure is open to question. In our age, the public is entitled to know the facts about a suspicious death, especially when it involved a government official.

We have great sympathy for the Kennedy family and wish in no way to compound their sorrows. However, this Kopechne affair may become a landmark case in "how not to procede in a homicide."

To continue with the physician as an expert witness, we know that many of our colleagues are so busy taking care of the sick and are not trained to participate in the courts, so that they do not want to be bothered with any sacrifice of their time in giving medical testimony or medical reports on their patients. The American Medical Association and many physicians do not agree with this position and feel that, as citizens of this country, we are obligated to participate in the administration of justice. Through educational programs and joint meetings such as this, various physicians and lawyers learn that the patient is entitled to adequate medical evidence in the preparation of his case. This is the least that can be done by physicians and attorneys.

There has been a great deal of misunderstanding in the proper utilization of the physician as an expert witness. This has been a source of irritation, friction and disharmony between the two professions. Sometimes the problem is aggravated by improper use of the physician's time and poor methods of his just compensation. Lincoln's great aphorism was "a lawyer's time is his money"; the same may be said for the physician.

To improve interprofessional understanding, the Bar and Medical Associations have developed interprofessional codes which spell out guidelines concerning these factors:

1. Medical reports,
2. Arrangements for court appearance, including subpoena of physicians,
3. Methods of testimony by physicians and computation of their compensation,
4. Consideration and disposition of complaints.

The code should also spell out the procedures when a physician has not been compensated by the patient for his professional services as well as for his time in preparing reports and testifying as a witness.

The code spells out the duties of the attorney, as well as the physician, and his responsibilities to the expert witness. The code also sets up a mechanism pertaining to criticism arising out of these legal relationships. This is a very important facet of the interprofessional code, because public airing of complaints is deplored. We in the medical profession appreciate how easily things are misunderstood by the public when illustrated in newspapers, etc. We are quite concerned with the reputation of the physician and the profession as a whole. The law profession is like-

wise concerned but not to the extent that the medical profession is, because the lawyers love a controversy.

Meetings, such as you are holding tonight, held at regular intervals, as well as committees of local associations, will do much to further the best interest and cooperation of our professions. In addition, the sponsoring of the medical-legal conferences between the American Bar Association and the American Medical Association on a national level has been fruitful over the last several years. Since 1963 National Medico-legal Symposiums have been presented every two years. We have learned through these meetings that there are many other areas of medical-legal interest to the physician concerning the practice of medicine. Such topics as professional corporations, taxes and other subjects of concern to attorneys as well as to physicians in their practices have been discussed.

The "Locality" Rule

One of the newest developments in the field of expert witnesses has been a change in the standard of care known as the "locality rule." To understand the locality rule, the general principles of our expert witness must first be summarized.

One of the basic requirements for determining the qualifications of a physician to act as an expert medical witness is familiarity with the standard of practice prevailing in the community or locality in which the defendant physician practices. The cases have gone from *Tanner vs. Sanders*,[1] where the physician was required to exercise such care and skill as are generally employed by ordinarily careful and skillful practitioners of the same class in the same community, to *Brune vs. Belinkoff*,[2] a Massachusetts case, which defines the locality within an area of 50 miles.

The earlier case was a Kentucky case and concerned itself with the community of Louisville. In the Massachusetts case, the locality rule concerned itself with the city of New Bedford, and the expert testimony was about an anesthesia procedure in New Bedford where an incident occured. The court's decision changed the locality rule from the Massachusetts case of 1878, *Small vs. Howard*,[3] which held that "a physician in a small or rural community lacks opportunities to keep abreast with advances in the profession and would not have the most modern facilities for treating his patients." In the 1968 case the court held that "the locality rule is unsuited to present day conditions." The medical profession and the doctor who held himself out as a specialist should be held to the standard of the profession practicing the specialty, taking into account the advances in the profession and considering the medical resources available to him and that the city of Boston was only about 50 miles away. Boston is one of the medical centers of the nation, if not the world.

A more recent case, *Hundley vs. Morteney*,[4] has finally gone the limit. The case held admissible the testimony of an ophthalmologist from New York City who stated what the standard procedure was in the performance of a cataract operation. His testimony was not disallowed because the specialist was not personally familiar with the standards of medical practice in Charleston, W. Va. It was determined in that case that doctors from various parts of the country visit the leading medical centers, such as New York, and attend annual meetings of specialty societies and other medical meetings, such as the American Academy of Ophthalmology. Thus, standards and methods are set up for use throughout the country. Therefore, the testimony of the physician from New York was not disallowed on the basis of a strict application of the locality rule.

The prevailing opinion now is that the physician standard of care which used to be measured strictly by the standard of his own city, village or town, will give way to a nationwide standard of medical practice. The basic reason for this is that graduates of the same medical school practice in all parts of the country, and postgraduate schools and educational materials are available everywhere. This is a new development, and I'm sure it is of interest to physicians in Evansville, since they will have to determine what the standards are in cities such as St. Louis, Louisville and even Chicago.

II. The Doctor as a Defendant

Since World War II, there has been an increasing tendency of the public to sue physicians and hospitals, and the verdicts are more frequent and higher in amount. The trend of court decisions favors the patient, however flimsy the cause of injury is. Especially when an injury is medically unexplainable, juries are prone to believe the patient's version of the facts. Even in obvious cases of pure accident, losses are commonly shifted to physicians and hospitals.

There is a basic unfairness about the whole procedure. Some of the awards are fantastic in amount, running into hundreds of thousands of dollars, and the litigation turns out to be an almost unpredictable game of chance. Some of the plaintiffs obtain large verdicts, while others in practically identical circumstances may receive nothing in compensation. If we solve the entire medical liability problem, I trust that the attorneys in the audience will not become too uncomfortable and fearful that they may lose their livelihoods. May I suggest that you turn your attention to the new field of computers that are coming on the scene, and think of all the suits that you could formulate against them and their companies for all the mistakes they will make. Then when you are through, you can still come to the medical profession to take care of your ailments, especially if the computer refuses to accept your data. Seriously though, the effects of computers in the practice of

medicine will be interesting and, from a liability standpoint, may present many new problems. While the medical liability problem might not be pressing here in this community, it is of great concern to doctors and patients throughout the United States. Like any epidemic, it may spread.

In some areas of the country, malpractice insurance for physicians is becoming difficult to obtain and, in addition, may be very costly—in some cases as much as $12,000 per year. There are some interesting statistics that the Office of the AMA General Counsel has obtained. Malpractice insurance premiums amounted to $75,000,000 in 1968. The carriers paid $15,000,000 in commissions and sales expenses to obtain these premiums, leaving a net of $60,000,000. Ten million of this was spent for cost of administration, taxes, licenses and related expenses of underwriting. The cost involved in loss, adjustment, claim investigation and legal expenses amounted to about $18,000,000. This leaves approximately $35,000,000 to be paid to satisfy claims originating from medical services rendered in 1968, for an underwriting loss of $3,000,000. Since the plaintiff's lawyers charge from 1/3 to 1/2 of the recovery for their services and there are other costs involved in preparing claims for settlement or trial, it can be estimated that the malpractice claimants will recover a net of not more than $20,000,000.

The medical profession is haunted by the spectre of malpractice claims and may be put into the position of looking upon patients as potential adversaries in a lawsuit. This is contrary to the regard of the general public for the doctor. The practice of medicine is both a science and an art, and if the patients are to enjoy the full benefits of the art of medicine, treatment should be rendered in an atmosphere of confidence, compassion and mutual trust. Some attempts at legislative remedies are being pursued. These are in the nature of limiting the use of the doctrine of res ipsa loquitur, the limitation of informed consent, separate trial of the defense of the statute of limitations, advance payments not an admission of liability, proof of negligence in all cases, extending the standard of privileged communication to proceedings in various hospitals and review committees, and development of compulsory arbitration mechanisms and ceilings on financial rewards, as in Workmen's Compensation.

It is difficult for the medical profession to use the legislative approach, because the public would interpret this as solely self-serving. Therefore, it would be much better for other organized citizens' groups to pursue this type of remedial legislation. We also know that many of the legislators are attorneys and are closely connected with organizations representing trial attorneys. Therefore, they may not feel that this is in their best interest.

Other remedies are arbitration procedures, where the patient agrees to an arbitration type of proceeding upon admission to the hospital. This is being tried in California; many physicians feel that they should have their own group insurance company, but this is an impractical approach because of the variations in the laws of each state. It would also not dispel the myth of conspiracy among the doctors.

Some other interesting developments are countersuing the patient and the patient's attorney in cases where a malpractice suit has been successfully defended and the misuse of due process, harassment and malice by the patient or his attorney can be shown. Separate funds have been set aside by the Philadelphia Orthopedic Society for this purpose, since insurance premiums will not pay for this type of action.

Many of these approaches could be handled at the local level through joint medical-legal committees of Bar and Medical County societies and impartial testimony panels. This type of approach is usually successful. There are several plans, some of which are court-enforced, such as the New Jersey plan, and some on a purely voluntary basis, such as Pima County plan in Arizona. These are quasi-judicial administrative bodies that will have a hearing and attempt to ascertain whether there is any basis for a malpractice case. If there is, expert witnesses will be provided from a panel; otherwise, there is an agreement to dismiss the case. These plans have some effectiveness, but apparently they are not the answer on a statistical basis.

The thousands of claims against a doctor and a hospital mean that the doctor's reputation, his precious time to answer the detailed questions, and his assets are all imperiled. This nature of a malpractice claim may be compared to blackmail. Another offshoot of this problem is that, as a result of the claims climate, there has been a tremendous increase in malpractice claims against attorneys. This is especially true against trial attorneys, where we know that there is a 50% possible malpractice case in every lawsuit, since there is a loser in every case. This is less favorable than in the medical profession, where many patients are satisfied with the treatments and results.

The real solution for this entire problem may lie in some type of Workmen's Compensation insurance or accident insurance to cover these many incidents that occur within the hospital. Since most of the events leading to large claims occur in hospitals and other health institutions, some type of daily patient charge to provide compensation and protection against the cost of treatment arising out of accidental injury attributable to hospital and medical care could easily be worked out. The accident victim would be foreclosed from exercising any litigation. This, of course, would require cooperation and participation on the part of hos-

pitals, the medical profession and insurers, but would most likely be opposed by any type of claimant or plaintiff's attorney.

III. Physician's Relationship with Hospitals

The final area of concern where the legal profession can be of great help to the medical profession is in the working out of the physician's relationship with hospitals. The physician's activities in the hospital are a matter of importance. We are all potential patients. . . . In the case of *Darling vs. Charleston Memorial Hospital*, decided by the Illinois Supreme Court, the basic question concerned the legal duty imposed upon the hospital regarding the responsibility for the quality of medical care provided a patient. The argument was that the hospital was not in the practice of medicine and its duty was limited to use reasonable care only in selecting medical doctors. The hospital argued that it is a corporation and cannot practice medicine or actively supervise the practice, and that a hospital is powerless under the law to forbid or command any act by a physician or surgeon in the practice of his profession.

The patient, who had sustained a broken leg in a college football game, was admitted to a Charleston, Illinois, hospital. A cast was applied by a general physician; and, after several days, the patient experienced constant pain, the foot became cold and waxy with blistering, the toes became discolored and there was a foul stench. The doctor split the sides of the cast and, several days later, the patient was transferred to Barnes Hospital in St. Louis, a part of the Washington University Hospital complex. The leg was necessarily amputated by an orthopedic surgeon after some attempts to save it. The case against the physician was settled for $40,000 and judgment was filed against the hospital for $110,000.

The Illinois Supreme Court stated that the present-day hospital must assume certain responsibility for the medical care of the patient. The hospital was held to be negligent on two grounds:

1. It failed to have a sufficient number of trained nurses who would have discovered the circulation impairment and brought it to the attention of the hospital administration and medical staff.

2. There was failure of the hospital to require consultation with other skilled members of the hospital staff to review the patient's treatment and require consultants to be called in as needed.

With regard to the physician's right to be admitted to staff membership of a hospital, a 1968 Kentucky case, *Burkhart vs. Community Medical Center*,[6] dismissed a physician's suit requiring a hospital to admit him to the staff membership. The general rule is that a private hospital's action with respect to staff privileges will not be disturbed by the courts. A public hospital's action with respect to staff privileges will not be disturbed by the courts. A public hospital's action with respect to staff privileges is subject to limited court review. In this case, the physician was trying to show that it was a public hospital, but it was held that the hospital was not supported by tax funds and thus could not be considered public. It should also be kept in mind that there is a good authority for the proposition that the right of staff membership in a hospital will be protected in case of a conspiracy of the hospital authorities to exclude a physician.

Another physician's suit for an order requiring a private hospital to reinstate her on its medical staff was dismissed and affirmed by the New York Appellate Court in *Halberstadt vs. Kissane*.[7] It held that the hospital's receipt of public funds and its exemption from taxation did not transfer it into a public hospital. Since the hospital was a private institution, it had the right to refuse to reappoint the physician to its medical staff. It should be pointed out, however, that recent cases hold that in public hospitals there has to be very good grounds for excluding a physician from the staff.

May I propose that each large hospital and medical center designate a physician as a medical-legal officer to develop procedures to handle medical-legal problems.

Conclusion and Summary

Law and medicine and their respective organizations have much to gain by cooperating and working together for the betterment of society. There are growing areas of medical-legal concern and the physician is playing a greater role in the administration of justice. Mutual understanding and cooperation on the part of medical and legal professions could lessen points of irritation and make the professional members a part of the solution, and not a part of the problem. Examples of cooperative efforts have been pointed out. Each brings up new areas of medical and legal concern.

The future holds many new challenges in the common area of Law and Medicine.

There was an argument between the doctor, the engineer, and the lawyer as to whom God created first. The doctor said, "Well, God created me first because it was on the advice of a physician that he could make Eve from Adam." The engineer said, "Well, I had to be here first because in the beginning there was chaos and He made order out of chaos in seven days." And the lawyer said, "Well, it's obvious that I was here first because what do you think the chaos came from."

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1. 56 SW 2d 718 (Ky. 1933).
2. 235 NE 2d 793 (Mass. 1968).
3. 128 Mass. 131 (1878).
4. 158 SE 2d 159 (W. Va., 1967).
5. 211 NE 2d 253 (Ill. 1965).
6. 432 SW 2d 433 (Ky. 1968).
7. 294 N.Y.S. 2nd 841 (N.Y. 1968). ◄

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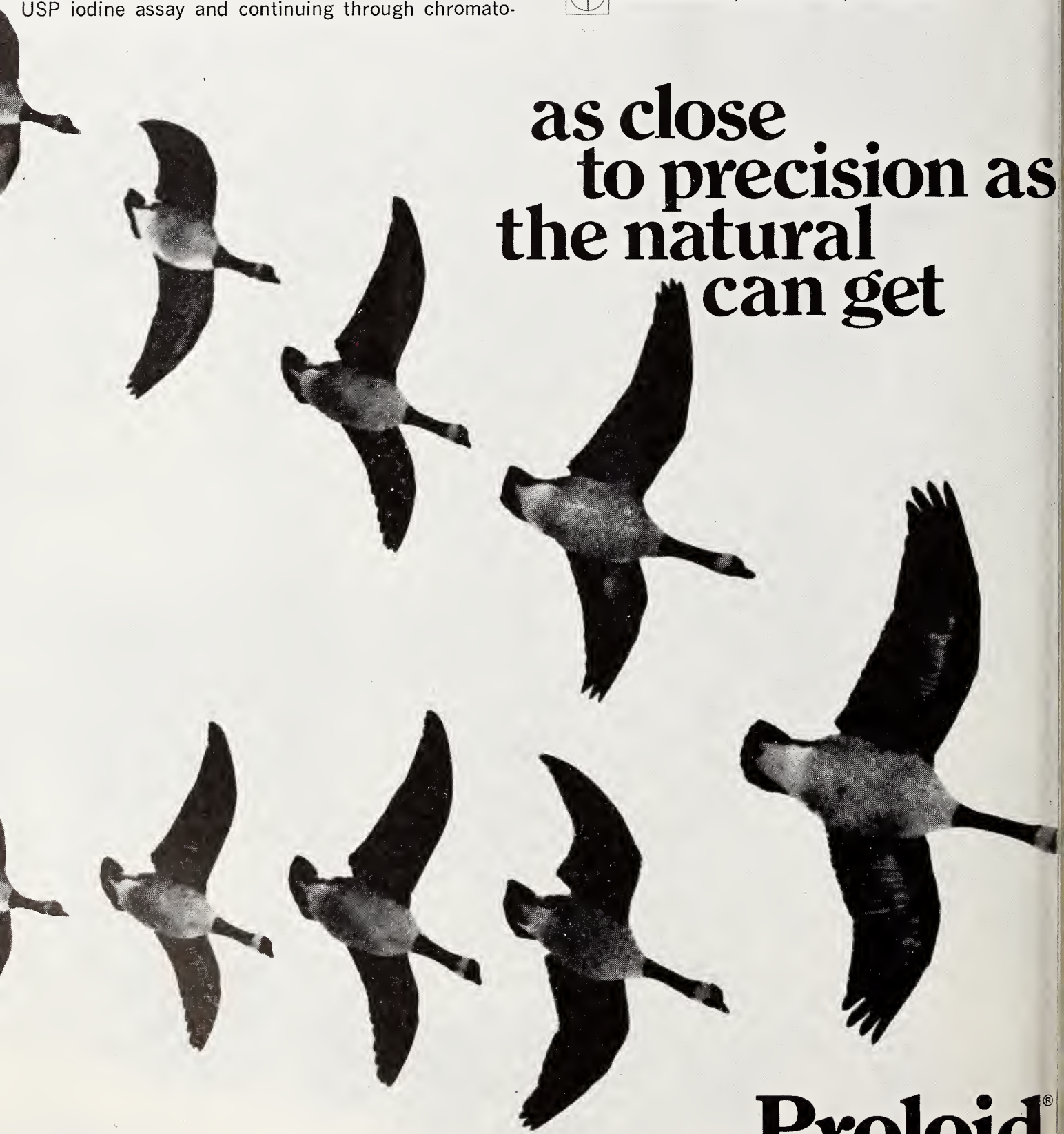

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Description: Proloid (thyroglobulin) is obtained from a purified extract of frozen hog thyroid. It contains the known calorigenically active components, sodium levothyroxine (T_4) and sodium liothyronine (T_3). Proloid (thyroglobulin) conforms to the primary USP specifications for desiccated thyroid—for iodine based on chemical assay—and is also biologically assayed and standardized in animals.

Chromatographic analysis to standardize the sodium levothyroxine and sodium liothyronine content of Proloid (thyroglobulin) is routinely employed.

The ratio of T_4 and T_3 in Proloid (thyroglobulin) is approximately 2.5 to 1.

Proloid (thyroglobulin) is stable when stored at usual room temperature.

Indications: Proloid (thyroglobulin) is thyroid replacement therapy for conditions of inadequate endogenous thyroid production: e.g., cretinism and myxedema. Replacement therapy will be effective only in manifestations of hypothyroidism.

In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in nonemergency situations, in an attempt to reduce the size of such goiters.

Contraindication: Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings: Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid, and dosage should be started at a very low level and increased gradually.

Precaution: As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, T_3 ^{131}I resin sponge uptake, T_3 ^{131}I red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use: The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

Dose of Proloid (thyroglobulin)	Dose of desiccated thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	
5 grains	5 grains	0.5 mg	125 mcg	

In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms: Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

How Supplied: ¼ grain; ½ grain; scored 1 grain; 1½ grain; 3 grain; and scored 5 grain tablets, in bottles of 100 & 1000; and scored 2 grain tablets in bottles of 100.

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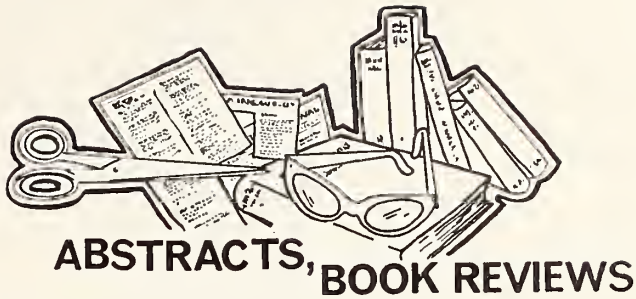


HEALERS IN UNIFORM

Edward Edelson, Doubleday & Company, Garden City, New York, 1971; 184 pages; $3.95.

This is a book that you will have difficulty closing until you have read every one of the gripping chapters. The short stories told in each of the 12 episodes of this little book are gems of tales of adventure, with drama and heart warming human interest. Each chapter tells of one of the great achievements of physicians who carried on their work within the medical services of the armed forces of the United States, and span just a little less than 200 years. The first chapter tells the tale of how Benjamin Rush fought for the methods to improve the health care, and particularly the hospital service of the Army. It is a story that takes us back before much was known of the practices of effective medical care, but through Rush's continuing efforts a start was made, and on this base it was possible for his successors to build a sound structure as the facts became known that made progress possible. The tales of heroism are told along with those of tireless and undeviating devotion to ideas and ideals that have finally won for the armed forces their enviable records of medical achievements.

Some of these stories are known to most physicians, but in this delightful book they are told with a refreshing enthusiasm and personal appeal that carries one along through each of the episodes, with a great feeling of being part of the action.

The story of Beaumont and his unwilling and frustrating collaborator, French-Canadian Alex St. Martin, is a tale that has never been told better. The building achievements of John Billings including the establishing of Johns Hopkins medical school was a monumental milestone in the advancement of medical education in the United States. The early days of microbiological understanding and control of infectious disease are represented by the chapters that tell of Walter Reed and yellow fever, the primitive beginnings of public health and bacteriology in the mind and hands of George Sternberg, the "Frontier Pasteur," as well as the stirring tale of Bailey Ashford and his uphill fight for the control of hookworm disease in Puerto Rico and the United States.

As the chapters unfold the pictures of each of the achievements of these Army "Greats," it is apparent that these men not only accomplished great feats of medical care and general hygiene for all men and women who have served our country in the past 200 years, but out of this work untold millions of people of many lands have reaped incalculable benefits.

The final chapters bring the reader right up to modern military medicine with the work of Randy Lovelace, Harry Armstrong and Paul Stapp, who laid the major medical groundwork for modern air and space medicine, on the basis of which enormous strides have been possible in making flying safer and space travel possible.

This book has the literary and dramatic qualities that make it possible to tell the story of military medicine in a way that will be apparent to everyone, and has the marks not only of a master story teller, but a skillful interpreter of science for the layman. The writer, Edward Edelson, has been trained for this job by both for-

mal training in journalism, and in the Sloan-Rockefeller program in Advanced Science Writing at Columbia University. He was a science editor for the New York World Telegram and the World-Journal Tribune and is a frequent science commentator on television. We owe Edward Edelson a debt of gratitude for a fascinating glimpse into the lives of the leaders in military medicine, a field that, in general, has not been well known in the past, and one which we, as Americans, should remember with great pride.

LALL G. MONTGOMERY, M.D.
Muncie

AMERICAN GOVERNMENT — CONSCIOUS SELF SOVEREIGNTY

John M. Dorsey, M.D., Center for Health Education, Detroit, Mich. 1969, 131 pp.

Doctor Dorsey is Professor of Psychiatry at the Wayne State University, Detroit. He received his M.D. degree from the University of Iowa, 1925, and spent two years in postgraduate study at the University of Vienna. Since that time he has had various teaching and hospital positions and has been recognized as an outstanding psychiatrist and an authority on rehabilitation and health education.

The book contains several portraits and quotations of prominent Americans. Its main theme is individual conscious thinking. The author appears to be carried away with this idea. It is difficult reading and would be of interest only to students of psychology and philosophy. The text contains many incursions into philosophy. Ample references are included and the book is well indexed.

DAVID A. BICKEL, M.D.
South Bend

THE ADOLESCENT PATIENT

William A. Daniel, Jr., M.D., C. V. Mosby Co., St. Louis, 1970; 444 pp.; $20.50.

Somewhere between pediatrics and adult medicine lies the shadowed area of adolescent medicine—often neglected in medical school, the literature and in practice. This book illuminates that neglected area.

Part I deals with the "essence of adolescence," discussing physical, mental and emotional growth and the need for concern for the adolescent patient groping to find his place in society.

Part II enumerates the "problem of the adolescent patient." While the problems listed here are medical conditions which may occur at any time in life, they are especially prevalent or important during adolescence. Here are some I especially liked: sex education, interviewing, obesity, genetics, hepatitis, drug abuse, mental retardation.

Part III contains five chapters on rehabilitation and communication.

Part IV is a short essay on the parent-adolescent relationship entitled "Parent of the Adolescent." I was happy to learn one of the physician's tasks is to help the adolescent understand there is no such thing as a parent who is all bad.

ALVIN J. HALEY
Fort Wayne

HANDBOOK OF BIOCHEMISTRY

With Selected Data for Molecular Biology. 2d ed., Chemical Rubber Co., Cleveland, Ohio. Some 1500 pages distributed in sections A thru K. Massive Index and an immense Chart of Biochemical Pathways inside the back cover. $56.00.

This six pound volume was addressed to *Mr.* Dr., yours truly, M.D. One could smile indulgently at such Malaprop'isms: except that it does say something about the several score Ph.D.'s who contributed to the vast storehouse of information crammed into each and every section. Of course, no one could be expected to memorize the texts of this compendium page by page.

However, I do have very serious reservations about the use of the word "trivial," when referring to commonly accepted medical termins such as, say, cholesterol. The *true* name should be "5-Cholesten-3B-ol." And: Aldosterone: How "trivial" can you get? The correct termin is: "18, 11-Hemiacetal of 11B, 21-dihydroxy-3, 20-dioxo-4-pregnen-18-al. . . ." I'm not jesting: Look on page A-72 for a whole pageful of how the "trivial" must be corrected to the *true* chemical name.

Now, how can the M.D. (or any other non-Biochemical specialist) hold any meaningful communication when confronted by such gibberish?

The chart of the BIOCHEMICAL PATHWAYS prepared by a group of German specialists is absolutely superb. Numerous complex chemical transmutations are presented in clear and minute step-by-step "trivial" detail. This folder will often be consulted by me.

The printing, binding and editing are of the expected standards. With all my bridling at such misuse of the English language, this volume will be a must for all medical libraries at hospitals and schools. Students cramming for their Boards or higher degrees will come to this Handbook again and again. I'm glad to have it for my shelf.

ARNOLD LIEBERMAN, M.D.
New York, N.Y.

PERSONNEL ADMINSTRATION IN LABOR RELATIONS IN HEALTH CARE FACILITIES

James O. Hepner, Ph.D.; John M. Boyer, M.A.; Carl L. Westerhaus, M.S., C. V. Mosby Co., St. Louis, 1969; 391 pages; $15.00.

Physicians interested in the hospital viewpoint for theoretical or practical reasons (such as physicians who must manage or help manage health care facilities) will find this book interesting. However, hospital administrators reassure me most physicians already have an unlimited fund of information about hospital management, and some physicians think they would like to write their own Perloff report. Most groups could find added information in this book.

Apparently hospitals are troubled by shortages of capital funds and health manpower. This book concerns itself about management and manpower. Think of the problems of health-care demands, employee turnover, training, fluctuating patient needs, low salaries. Couple this with physician authority vs. administration responsibility.

This book describes the hospital: its purposes, behavior, organization, economics; mentions the administrators as the bridge between the institution and its people; then describes personnel management in various phases.

ALVIN J. HALEY
Fort Wayne

Abstracts From Various Literature, Prepared by AMA

ASCORBIC ACID DEPLETION IN PATIENTS UNDERGOING CHRONIC HEMODIALYSIS

J. F. Sullivan and A. B. Einstein (Brooklyn-Cumberland Medical Center, Brooklyn, N.Y. 11201)

Amer. J. Clin. Nutr. 23:1339-1346 (Oct.) 1970.

Ascorbic acid is removed from the plasma of patients undergoing hemodialysis. Patients with chronic renal disease who were not receiving vitamin C supplementation demonstrated a mean decline in plasma ascorbic acid of 40% ± 4% during hemodialysis, whereas the mean decline in patients receiving vitamin C supplements was 68% ± 4%. Removal of vitamin C from the plasma continued despite marked decline in plasma ascorbate in nonsupplemented patients. Dietary histories revealed that ascorbic acid intake of the patients was 34 ± 4 mg/day. Since the ascorbic acid lost from the plasma during dialysis is not adequately replaced by dietary consumption of vitamin C, patients undergoing maintenance hemodialysis should receive ascorbic acid supplementation.

ACUTE SCROTUM IN CHILDREN WITH EMPHASIS OF TORSION OF SPERMATIC CORD

N. H. Moharib and H. P. Krahn (Winnipeg Children's Hosp., Winnipeg, Manitoba)

J. Urol. 104:601-603 (Oct.) 1970.

A review of 56 patients with acute scrotal conditions and a discussion of 24 cases of torsion of the testis and its appendages are presented. Early diagnosis and prompt operative interference are essential if the testis is to be saved. Since epididymitis is rare in patients less than 14 years old, a plea is made for operative exploration of all cases of acute scrotum when the clinical picture of an inflammatory process is in doubt. This would certainly apply to all cases that are diagnosed as epididymo-orchitis.

SEX RATIO OF NEWBORNS: PREPONDERANCE OF MALES IN TOXEMIA OF PREGNANCY

P. Toivanen and T. Hirvonen (Univ. of Turku, Turku, Finland)

Science 170:187-188 (Oct. 9) 1970.

The ratio of males to females in 1,061 babies born to mothers with toxemia of pregnancy was 124:100. The ratio increases as the severity of the disease increases, being 171:100 in cases in which the urinary output of protein is equal to or greater than 3 gm/24 hr. Histoincompatibility of the fetus and mother, including incompatibility due to an antigen(s) dependent on the Y chromosome, may be of importance in the pathogenesis of pregnancy toxemia.

COMPARISON OF POLYGLYCOLIC ACID SUTURE TO BLACK SILK, CHROMIC, AND PLAIN CATGUT IN HUMAN ORAL TISSUES

W. R. Wallace, G. R. Maxwell, and C. J. Cavalaris (Dept. of Oral Surgery, Ohio State Univ., Columbus 43210)

J. Oral Surg. 28:739-746 (Oct.) 1970.

Four different suture materials were tested in the oral cavity of 52 humans to determine the degree of manageability and the tissue reactions. Tissue reactions were studied and graded clinically and histologically at 3, 5, 7, and 14 days after preoperative implantation. Polyglycolic acid suture evoked a milder tissue response than did silk, plain gut, or chromic gut suture; it was as easy to handle as silk and was not lost until 16 to 20 days after placement.

PAPILLARY CARCINOMA OF THE THYROID: II. VALUE OF PROPHYLACTIC LYMPH NODES EXCISION

S. Noguchi (Noguchi-Nakamachi, Beppu City, Japan), A. Noguchi, and N. Murakami

Cancer 26:1061-1064 (Nov.) 1970.

Among 57 patients with papillary adenocarcinoma of the thyroid who underwent systematic excision of lymph nodes from January 1967 to July 1968, 90% were shown to have evidence of metastasis. The majority of metastatic deposits were small, 57% measured less than 3 mm in diameter. Of the patients operated on before 1962, 39% revealed metastases before or during surgery; thus, a majority of small metastatic tumors might have been overlooked. Among those patients operated on before 1962 and judged not to have metastasis and who did not undergo lymph node excision, 83% are assumed to have undiagnosed metastasis. Survival without recurrence in those patients considered free from metastasis was as high as 77% after 15 years. Survival without recurrence in patients with diagnosed metastasis who received individual (not systematic and not en bloc) lymph node excision was 43% after ten years. In those patients in whom metastatic deposits were microscopic, no malignant biologic effect has been demonstrable. In those patients in whom gross nodal involvement was present, small metastatic tumors did not regress after removal of both primary tumor and affected nodes, but enlarged and caused recurrence. Thus, the systematic excision of regional lymph nodes appears of less importance in cases with no gross nodal involvement at the time of surgery. Radical excision is required, however, in cases with gross involvement.

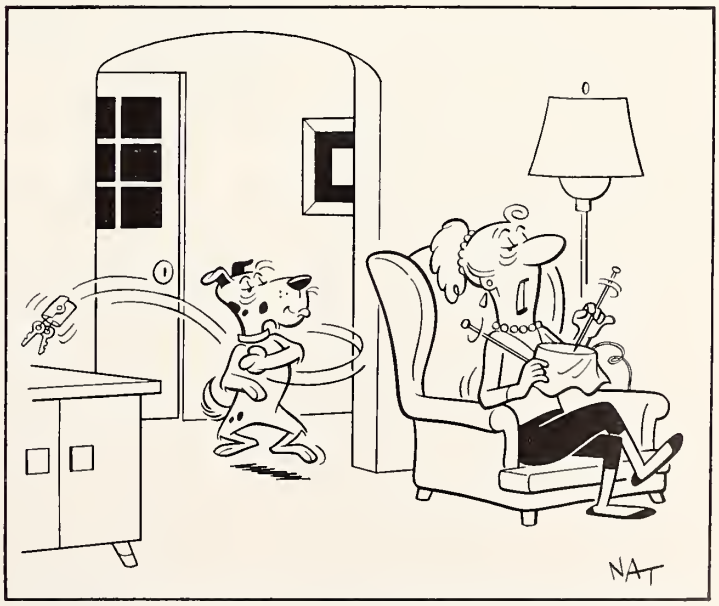
TETANUS TOXOID IMMUNIZATION OF ADULTS

G. F. Brooks, T. M. Buchanan (National Communicable Disease Center, Atlanta 30333), and J. V. Bennett

Ann. Intern. Med. 73:603-606 (Oct.) 1970.

In recent years in the United States tetanus has become a disease primarily of adults; there were about five times more tetanus deaths in the 35 years and older age group than for persons 1 to 34 years of age. The mean age at death, excluding neonates, has risen from 25 years to over 50 years in the late 1960s. Data strongly suggest the need for improved immunization of adults. A schedule for such immunization is provided.

Continued



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when manhood ebbs... or is delayed due to testicular hormonal insufficiency

What nature denies, Halotestin may replace. That's the purpose of this orally active androgen in conditions such as impotency, eunuchoidism, and eunuchism. The most widely used agent of its kind, Halotestin is replacement therapy with approximately five times the potency of oral methyltestosterone. And, at its recommended daily dosage of 2 to 10 mg., Halotestin is economical as well as convenient. Of course, you will want to employ androgens carefully in young boys to avoid premature epiphyseal closure... and in the elderly where possible sodium retention may, minimally, precipitate edema. Tablets of 2, 5, and 10 mg.

Halotestin® 5 mg. tablets

(fluoxymesterone Upjohn)

oral replacement with parenteral-like potency

Please see facing column for summary of contraindications, precautions, and adverse reactions.

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Orally active androgen about 5 times as potent in anabolic and androgenic activity as methyltestosterone. Halotestin (fluoxymesterone) induces significant retention of calcium and potassium, but retention of sodium not marked. Doses below 20 mg. daily have little effect in producing creatinuria.
Indications *Male:* Replacement therapy in testicular hormone deficiency states. Prevents atrophy of the accessory male sex organs following castration for as long as therapy is continued. Impotence and male climacteric symptoms when due to androgen deficiency. Primary eunuchoidism and eunuchism. Delayed puberty when established as not a simple familial trait. Indicated for those symptoms of panhypopituitarism related to hypogonadism, however, appropriate adrenal cortical and thyroid hormone replacement therapy remain of primary importance. *Female:* Palliation of androgen-responsive, advanced, inoperable breast cancer in women between 1 and 5 years postmenopausal or women in whom castration has shown the tumor to be hormone dependent. Prevention of postpartum breast manifestations of pain and engorgement; there is no satisfactory evidence that this drug prevents or suppresses lactation per se. In osteoporosis androgens may be of adjunctive value to adequate considerations of diet, calcium balance, physiotherapy and general health promoting measures. *Males and Females:* In the treatment of protein depletion states which occur in geriatric patients, in debilitation states, in chronic corticoid therapy, resistant fractures; cryptorchidism; creating a positive nitrogen balance, tissue repair and other anabolic effects. Androgenic steroids may produce a response in aplastic anemias, myelofibrosis, myelosclerosis, agnogenic myeloid metaplasia and hypoplastic anemias due to malignancy or myelotoxic drugs. Androgens are not of value in other anemias.
Contraindications Pregnancy (may virilize female fetus), mammary carcinoma in the male, prostatic carcinoma, severe liver disease, severe cardiorenal disease and severe persistent hypercalcemia.
Precautions Employ with caution in young boys to avoid precocious sexual development and premature epiphyseal closure. Androgens tend to promote retention of sodium and water, therefore, watch for edema—particularly in the elderly. Incidence and severity of edema have been minimal and have been associated only with high doses used for palliation of breast cancer. Hypercalcemia may occur, particularly in patients with metastatic breast carcinoma; if this occurs the drug should be discontinued. Changes in liver function tests, such as increased BSP retention and SGOT levels, can occur during therapy. Jaundice has been rarely reported. If liver function tests are altered, discontinue medication or reduce dose. Priapism is indicative of excessive dosage and is indication for temporary withdrawal of drug. When treating protein depletion states or osteoporosis, an adequate diet should be provided and prolonged immobilization avoided whenever possible. When treating aplastic or hypoplastic anemias, androgen therapy should not replace other measure such as transfusion, correction of iron deficiency, antibacterial therapy, and the use of corticosteroids.
Adverse reactions Nausea, dyspepsia, menstrual irregularities, hepatic dysfunction, priapism, edema, precocious sexual development, and premature epiphyseal closure in young patients have been reported. *Male*—Prolonged administration or excessive dose may cause inhibition of testicular function with oligospermia and decreased ejaculation volume. *Female*—Large doses or prolonged administration may produce masculinization with signs such as hirsutism, deepening of the voice, enlargement of the clitoris, acne, and sometimes, increased libido.
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INFUSION CATHETER SEPSIS: AN INCREASING THREAT

J. L. Glover, S. A. O'Byrne, and L. Jolly (1100 W. Michigan St., Indianapolis 46202)
Ann. Surg. 173:148-151 (Jan.) 1971.

Seven patients had gram-negative septicemia attributable to plastic infusion catheters. A striking clinical finding was the lack of severity or total absence of signs of inflammation at the infusion site at the time of a sudden appearance of fever of unknown origin. In all patients, blood cultures taken from sites distant from the infusion yielded gram-negative bacilli, and the same organisms, were grown from the intravascular tip of the catheter. None of the patients had open wounds, obstructive uropathy, altered immunity intestinal lesions, or severe debility. Two patients died, and local inflammation developing after removal of the catheter was a serious problem in two of the survivors. Infusion catheters must be considered as a source of sepsis in any hospitalized patient, and culture of the catheter tip may provide the quickest means of selecting appropriate antibiotic therapy. The presence of local inflammation is not a reliable sign of catheter sepsis.

RESULTS OF TREATMENT AND TERMINATION OF DIET IN PHENYLKETONURIA (PKU)

E. S. Kang (300 Longwood Ave., Boston 02115), N. D. Sollee, and P. S. Gerald
Pediatrics 46:881-890 (Dec.) 1970.

The mean IQ at the mean age of 3 years 10 months of 27 PKU patients treated before 3 weeks of age was comparable to their unaffected siblings. The mean IQ at the mean age of 5½ years of 12 patients treated between 3 and 6 weeks of age fell significantly below the mean IQ of their unaffected siblings. Seventeen patients treated after 8 months of age did not differ in their mean IQ at the end of treatment from 11 untreated patients despite the observation that more than half of the late-treated patients achieved significant gains during the course of their treatment. Patients off dietary therapy did not appear to deteriorate over a follow-up of 2 to 3½ years. Eleven were followed for six years without evidence of deterioration. Thirteen atypical PKUs showed a normal intellectual development. An unexplained predominance of males was observed in the group of atypical PKU patients.

EVOLUTION AND NEED FOR ASCORBIC ACID

L. Pauling (Stanford Univ., Stanford, Calif. 94305)
Proc. Nat. Acad. Sci. USA 67:1643-1648 (Dec. 15) 1970.

Evidence indicates that the minimum daily intake of vitamin C needed to prevent scurvy is about 10 mg. Larger amounts might be needed to provide the optimum state of health. The author presents calculations by which the optimum daily intake is about 2.3 gm or more, for an adult with energy requirement of 2,500 kilocalories a day.

INFANTILE UMBILICAL HERNIA—TO STRAP OR NOT TO STRAP

G. Angel-Lord (9-13 Young St., Sydney, Australia)
Med. J. Aust. 1:83-85 (Jan. 9) 1971.

A survey was carried out on 165 children with congenital umbilical hernia to determine the value of treatment by emplastrum. The cure rate of 84% of the patients so treated, compared with an 80% cure rate in the controls, shows that strapping does not in any way contribute to healing. In the great majority of cases healing is spontaneous, and only a very small number of patients require operation, mostly for complications of the original hernia. ◄

The Woman's Auxiliary

REPORTS TO ISMA

"There is no chasm too wide or deep for love to span."

Hatred abounds in our communities and our country, undermining our very own feelings. The world needs love now more than ever and the returning to religion in our young people is so rewarding.

The point I'm trying to convey is that more and more as I have traveled this past year I've come to realize that doctor's wives are a special breed. I had been told this but now I know it first hand. The more I have talked with them and worked with them and read their reports, the more I have been assured of the fact that they CARE. They care what happens to their families, their communities and their country. They work tirelessly for the betterment of their aims and goals.

Needless to say, I am very proud of each and every one of them and I know they will keep doggedly on this same path for every day of their lives.

This will be my last article for the Journal and I want to express my very personal thanks for all the help I have recieved from all of you this year and also to the staff of the ISMA and to Blue Shield for all the courtesies they have shown me.

My very special thanks goes to my very own county of Vanderburgh and all the HARD work they have done for the convention; it will be a huge success, I know.

Again, let me say that our love for each other will win out in the end.

Adieu—

Doris M. Clouse

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—February 1971

Disease	Feb. 1971	Jan. 1971	Dec. 1970	Feb. 1970	Feb. 1969
Animal Bites	435	267	400	391	398
Chickenpox	592	458	328	620	689
Conjunctivitis	163	172	87	153	129
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	43	9	11	18	32
Gonorrhea	494	579	711	514	434
Impetigo	84	156	154	90	111
Infectious Hepatitis	55	17	42	57	65
Infectious Mononucleosis	77	73	114	98	92
Influenza	1686	2551	1440	11278	6214
Measles					
Rubeola	37	8	4	33	50
Rubella	224	163	41	284	173
Meningococcic Meningitis	4	1	2	5	8
Meningitis, Other	7	0	7	3	3
Mumps	691	618	267	218	307
Pertussis (Whooping Cough)	19	13	4	5	4
Pneumonia	518	570	403	433	465
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	993	894	598	995	1014
Syphilis					
Primary & Secondary	26	29	42	35	29
All Other Syphilis	141	83	85	76	94
Tinea Capitis	6	7	10	4	26
Tuberculosis (Active)	77	77	63	92	59

What's New?

Squibb has introduced Valadol®, its form of acetaminophen, in three forms. Valadol Liquid for younger children is flavored and is dispensed with the calibrated tube-spoon. Valadol Chewable Tablets are for older children. Valadol Tablets are for adults. Squibb recommends Valadol as having the beneficial effects of aspirin but without the undesired gastrointestinal irritation.

* * *

Ames has two new urine test clear flexible plastic strips. One is a new test for urine glucose and the other tests for ketonuria. Named DIASTIX and KETO-DIASTIX respectively, are reactive enough to read accurately at 30 seconds and 15 seconds after moistening.

* * *

Special hand controls which can be installed in the automobile to allow hand control of the brake, accelerator, and dimming switch, without interfering with conventional control by a normal driver, may be obtained through Abbey Rents of Indianapolis. The units are made for either right- or left-handed use.

Sperry Rand at Rockville, Maryland, is proposing to sell the service of a scanning electron microscope with an experienced operator on a machine-hour basis. The SEM has a useful magnification range from 20X to 50,000X. Photographs may be made at any stage in the examination. Sperry Rand figures that there are a lot more people who need a small order of electron microscopy than there are those who can afford to buy the machine.

* * *

Eli Lilly produces a single disc to determine bacterial susceptibility to the four Lilly cephalosporin antibiotics. Cephalothin Disc, 30 mcg will indicate sensitivities to Keflin, Loridine, Kafocin and Keflex. The lab report may use any of three designations (cephalothin, Keflin, or cephalosporins) in listing the results.

* * *

Parke-Davis announces a preparation, Humafac, which is effective in controlling bleeding of hemophilia A patients. It consists of the clotting factor, ordinarily missing from the blood of hemophiliacs, which has been extracted from normal blood by freeze-dried methods. The preparation has not been released by the FDA, but when it is released it will be in short supply for at least a year.

Continued

What's New?

Continued

Dictaphone has a new unit, called the Ansafone 520, which will answer incoming calls and give a pre-recorded message. The outgoing messages are recorded on a tape cartridge and may vary in length from 20 seconds to 3 minutes. A number of messages may be recorded and different messages may be inserted in the machine in accordance with the time of day and other circumstances.

* * *

Technicon announces a fully automated broad-spectrum profiling system for hematology and coagulation. Sixty samples may be profiled every hour for RBC, WBC, Hb, true PCV, a platelet count, PT and PT control, PTT and PTT control, CCV, PCV/CCV, MCV, MCH, and MCHC. All 12 results on each sample are reported in duplicate copies of a single digital printout. The device is named Hemolab.™ The whole process, from sample distribution through reporting of results, takes about three minutes.

* * *

Posey has a knee strap for use in connection with wheel chairs. It is made for patients who slide forward in the chair. A broad nylon strap attaches to the wheelchair frame and passes in front of the knees; keeps the patient stable and comfortable.

* * *

Environmental Metrology Corporation announces a small lightweight instrument which can detect dangerous electrical conditions in critical hospital areas. The ENMET "SAFETY SCAN" detector is a multi-channel continuous scanner that can be easily moved for use in operating rooms, intensive care units, or wherever electrical equipment creates a shock danger. Up to 10 different electrical instruments may be connected to SAFETY SCAN. The detector scans all 10 channels repetitively for 24 hours a day. Any leakage current in excess of 10 microamperes or any potential difference greater than 5 millivolts between any instrument and the common ground will trigger multiple warning signals.

* * *

General Electric has a new portable volume control respirator (PVCR). It may operate on batteries and carries oxygen supply for four hours of continuous operation. It may also be operated from an AC power supply which will also recharge the batteries. Tidal volume, minute volume, pressures and flow rate are all adjustable.

* * *

Parke-Davis is marketing a tetracycline hydrochloride—Cyclopar. The broad spectrum antibiotic is put up in 250 mg capsules. It will be available in both bulk packages of 100 capsules and in the new UNI/USE packaging recently developed by P-D.

Brief Summary of Prescribing Information—9-9/22/69. For complete information consult Official Package Circular.
Indications: Essential hypertension. Use cautiously in patients with renal insufficiency, particularly if they are digitalized.
Contraindications: Anuria, oliguria, active peptic ulceration, ulcerative colitis, severe depression or hypersensitivity to its components contraindicates the use of Salutensin.
Warnings: Small-bowel lesions (obstruction, hemorrhage, perforation and death) have occurred during therapy with enteric-coated formulations containing potassium, with or without thiazides. Such potassium formulations should be used with Salutensin only when indicated and should be discontinued immediately if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occurs. Use cautiously, and only when deemed essential, in fertile, pregnant or lactating patients. *Use in Pregnancy:* Thiazides cross the placenta and can cause fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly electrolyte disturbances. Fatal reactions may occur with reserpine during electroshock therapy; discontinue Salutensin 2 weeks before such therapy. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Azotemia, hypochloremia, hyponatremia, hypochloremic alkalosis and hypokaliemia (especially with hepatic cirrhosis and corticosteroid therapy) may occur, particularly with pre-existing vomiting and diarrhea. Potassium loss or protoveratrine A may cause digitalis intoxication. *Potassium loss responds to potassium-rich foods, potassium chloride or, if necessary, discontinuation of therapy. Stop therapy if protoveratrine A induces digitalis intoxication.* Serum ammonia elevation may precipitate coma in precomatose hepatic cirrhotics. Discontinue therapy 2 weeks before surgery or if myocardial irritability, progressive azotemia or severe depression occur. Exercise caution in patients with chronic uremia, angina pectoris, coronary thrombosis or extensive cerebral vascular disease *or bronchial asthma* and in those with a history of peptic ulceration or bronchial asthma; in post-sympathectomy patients; in patients on quinidine; and in patients with gallstones, in whom biliary colic may occur. Patients who have diabetes mellitus or who are suspected of being prediabetic should be kept under close observation if treated with this agent.
Adverse Reactions: Hydroflumethiazide: Skin rashes (including exfoliative dermatitis), skin photosensitivity, urticaria, necrotizing angiitis, xanthopsia, granulocytopenia, aplastic anemia, orthostatic hypotension (potentiated with alcohol, barbiturates or narcotics), allergic glomerulonephritis, acute pancreatitis, liver involvement (intrahepatic cholestatic jaundice), purpura plus or minus thrombocytopenia, hyperuricemia, hyperglycemia, glycosuria, malaise, weakness, dizziness, fatigue, paresthesias, muscle cramps, skin rash, epigastric distress, vomiting, diarrhea and constipation. *Reserpine:* Depression, peptic ulceration, diarrhea, Parkinsonism, nasal stuffiness, dryness of the mouth, weight gain, impotence or decreased libido, conjunctival injection, dull sensorium, deafness, glaucoma, uveitis, optic atrophy, and, with overdosage, agitation, insomnia and nightmares. *Protoveratrine A:* Nausea, vomiting, cardiac arrhythmia, prostration, blurring vision, mental confusion, excessive hypotension and bradycardia. (Treat bradycardia with atropine and hypotension with vasopressors.)
Usual Dose: 1 tablet b.i.d.
Supplied: Bottles of 60, 600, and 1000 scored 50 mg. tablets.

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Continuing Education For Physicians

POSTGRADUATE COURSES IN INDIANA

Contemporary Clinical Pathology and the Referral Facility

April 21, 1971 — Indianapolis

In the fields of chemistry, hematology and microbiology, the regional referral facility provides selected diagnostic procedures which augment the clinical pathology capabilities of the community hospital. Typically, these procedures include chemical analyses (e.g., steroid determinations, high-resolution analyses), anaerobic microbiological technics and specialized coagulation assessments. This course considers the rationale, complications and limitations of selected regionalized diagnostic procedures.

A Symposium on Trauma Emergency Care

April 22, 1971 — Lafayette, Indiana

This conference is designed for all health care personnel involved in treating acutely injured patients. The morning session is devoted to allied health personnel and their roles in initiating care for the injured patient. The afternoon session then turns to the physician's management of trauma patients.

Topics for the day include: cardio-pulmonary resuscitation; shock following trauma; acute injuries of the head, chest, and abdomen; and orthopedic emergencies.

Sixth Annual Indiana Multidisciplinary Child Care Conference

May 12-13, 1971 — Indianapolis

The Sixth Annual Multidisciplinary Child Care Conference, to be held at Stouffer's Inn May 12-13, 1971, will consist of twelve seminars over a two-day period. Three seminars meeting simultaneously permit the registrant to select topics of most interest to him (although attendance will be limited to 40 persons per discussion group). Each seminar will be three hours in duration.

Seminar leaders, national authorities in their fields, have been selected for their ability to present subject matter in an exciting and effective manner. Discussion topics will be those of current relevance to those practitioners who take care of children.

Orthopedics and the General Practitioner

May 19, 1971 — Indianapolis

Directed towards problems encountered by the busy clinician, this course reviews the diagnostic and therapeutic aspects of common musculoskeletal complaints. Where practical, instruction will be by case presentations. And registrants are encouraged to participate in the discussion, bringing their own orthopedic cases for consultation.

Emergency Medical Care

June 2, 1971 — Indianapolis

This course is designed to review for the practicing physician the principles of emergency medical care. Although appropriate attention will be given to basic physiology, emphasis will center on the practical aspects of emergency care. Where practical, instruction will be by case presentations, and registrants will be encouraged to participate in the discussion.

Membrane-Bound Enzymes

June 9-11, 1971 — Indianapolis

Designed for pathologists and biochemists, this is the third annual biochemistry-pathology course. Major topics will include: membranous structures (subcellular particulates), identification of membrane-bound enzymes and their unique properties and the role of membrane-bound enzymes in specific disorders.

OUT OF STATE
MAY

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Esthetic Surgery
5/17/71 to 5/21/71

Surgery of the Hand
5/17/71 to 5/21/71

Advances in Surgery
5/24/71 to 5/28/71

Surgery of Trauma
5/24/71 to 5/27/71

Management of Burns
5/28/71 to 5/29/71

Advances in Fractures and Orthopedics
5/3/71 to 5/7/71

The 15th Annual Postgraduate Course on Fractures and other Trauma
5/12/71 to 5/15/71

Angiography and Venography
5/10/71 to 5/14/71

Specialty Review Course for Radiation Science for the Radiologist
5/17/71 to 5/22/71

Neuroradiology
5/24/71 to 5/28/71

Specialty Review Course in Dermatology
5/24/71 to 5/28/71

General Practice Review
5/3/71 to 5/7/71

MICHIGAN

Ann Arbor

Ophthalmology Conference
5/3/71 to 5/5/71

International Symposium on Otophysiology
5/20/71 to 5/22/71

Detroit

Infections: Cause and Control
5/12/71 to 5/13/71

OHIO

Cleveland

Practical Dermatology
5/12/71 to 5/13/71

Contact Lens Symposium
5/19/71 to 5/20/71

Columbus

Newborn Conference
5/5/71

Sideline Team
5/7/71 to 5/8/71

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Because Euthroid incorporates both active fractions of endogenous thyroid—T_4 and T_3—it overcomes the need for special interpretation of thyroid function test values.

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In thyroid therapy, Euthroid offers you the calculated success—and the calculator to go with it.

To request your **Euthroidex™ calculator** (with booklet explaining its use and rationale for the FTI), just write "Euthroidex" on your imprinted card, prescription blank or stationery, and mail to Warner-Chilcott, Morris Plains, N.J. 07950.

the first synthetic to replace both active fractions of endogenous thyroid

Euthroid® (liotrix)

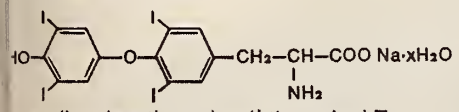
sodium levothyroxine (T_4)
sodium liothyronine (T_3)

Clark, F., and Horn, D. B.: Assessment of thyroid function by the combined use of the serum protein-bound iodine and resin uptake of ^{131}I-triiodothyronine, J. Clin. Endocrinol. 25:39 (Jan.) 1965.

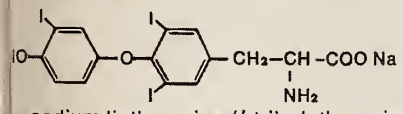
Euthroid® (liotrix)

Caution: Federal law prohibits dispensing without prescription.

Euthroid is synthetic microcrystalline sodium levothyroxine (T_4) USP and synthetic microcrystalline sodium liothyronine (T_3) USP combined in a constant 4:1 ratio.



sodium levothyroxine (*l*-thyroxine) T_4



sodium liothyronine (*l*-triiodothyronine) T_3

Actions: Euthroid provides replacement therapy for the thyroactive material normally supplied by the human thyroid. The normal thyroid gland produces and stores thyroglobulin, the active components of which are two metabolically active hormones: *l*-thyroxine and liothyronine. Euthroid (liotrix) provides a combination of these hormones in purified, synthetic form, supplied in a constant 4:1 ratio in order to simulate as closely as possible the physiologic and metabolic effects of normal endogenous thyroid secretions.

In contrast with the individual synthetic, metabolically active hormones, Euthroid will usually produce normal results for PBI, T_3, and other thyroid function tests—consistent with clinical progress—when persons with endogenous thyroid deficiencies are made euthyroid. Sodium liothyronine (T_3) acts more rapidly and for a shorter period of time than preparations of biological origin. Customarily, its use as a single agent produces inappropriately decreased PBI values. Sodium levothyroxine (T_4), on the other hand, is more tightly bound by plasma protein fractions and is somewhat slower acting than sodium liothyronine (T_3); its use as a single agent tends to produce inappropriately elevated PBI values. Euthroid, with its unvarying 4:1 ratio of T_4/T_3, permits interpretation of appropriate laboratory tests consistent with the total clinical status of the patient.

Indications: Euthroid (liotrix) provides thyroid replacement therapy in all conditions of inadequate production of thyroid hormones, namely:

1) Hypothyroidism, including cretinism and myxedema.
2) Simple (nontoxic) goiter.
3) Subacute or chronic thyroiditis including Hashimoto's disease.
4) Prevention of goiter in hyperthyroid patients undergoing treatment with thiouracil derivatives.
5) Usage in patients who may manifest intolerance to thyroid products of animal origin.

Contraindications: Acute myocardial infarction, adrenal insufficiency, hypersensitivity to any component of this drug.

Warnings: Liotrix should not be used in the presence of cardiovascular disease unless thyroid replacement therapy is clearly indicated. If the latter exists, low doses should be instituted (Euthroid-1/2 or Euthroid-1) and increased by the same amount in increments at 2-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out and adrenal deficiency due to hypopituitarism corrected before liotrix therapy is started.

If hypothyroidism and adrenal insufficiency exist concomitantly, cortisone or similar steroids should be given at dose levels sufficient to correct the adrenal insufficiency before attempting replacement therapy with thyroid hormones.

Likewise, the possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.

Myxedematous patients are very sensitive to thyroid hormones, and dosage should be started at a very low level and increased gradually.

Precautions: Hypothyroid patients are especially sensitive to thyroid preparations, and those with severe hypothyroidism may be unusually so.

Initiation of thyroid replacement therapy in patients with diabetes must be carefully monitored because of potential fluctuation in daily insulin or oral hypoglycemic requirements.

As with all thyroid preparations, this drug will alter the results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage of thyroid preparations can produce signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Initial dosage should be low and gradually increased at 2-week intervals until the desired clinical response is obtained.

Laboratory criteria of euthyroidism include a PBI of 3.5 to 8 mcg; T_3, T_4, and BEI tests are useful.

For most patients, a single daily dose of Euthroid-1, -2, or -3 will maintain euthyroidism. Transfer of a patient from a maintenance dose of another thyroid preparation to Euthroid can usually be effected smoothly. See table for initiating therapy or converting from other thyroid preparations.

Euthroid (liotrix)		Approximate Equivalents Natural	Synthetic	
Tablet	T_4*/T_3** mcg	Thyroid USP	T_4*	T_3**
Euthroid-½ pale orange	(30/7.5)	½ grain	.05 mg	12.5 mcg
Euthroid-1 light brown	(60/15)	1 grain	.1 mg	25.0 mcg
Euthroid-2 violet	(120/30)	2 grains	.2 mg	50.0 mcg
Euthroid-3 gray	(180/45)	3 grains	.3 mg	75.0 mcg

*T_4=sodium levothyroxine (*l*-thyroxine)
**T_3=sodium liothyronine (*l*-triiodothyronine)

Dosage for cretinism or severe hypothyroidism in children is the same as for adults with myxedema. Eventual maintenance dosage in the growing child may be higher than in the adult.

Overdosage: *Symptoms*—Headache, instability, nervousness, sweating, tachycardia, and unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm; chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

Treatment—Shock—Supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.

Supplied: Square W/C monogrammed tablets of four potencies, each identified by a different color (see table); bottles of 100 and 1000.

E-GP-11-4C

WARNER-CHILCOTT Morris Plains, N.J. 07950

FUTURE MEETINGS, SEMINARS, COURSES

Chicago Committee on Trauma, ACS To Sponsor Postgraduate Course

The Fifteenth Annual Postgraduate Course on Fractures and Other Trauma, sponsored by the Chicago Committee on Trauma, American College of Surgeons, will be held on May 5 to 8 in the John B. Murphy Auditorium, 50 E. Erie St., Chicago. The tuition fee of $110 includes luncheons at the Kungsholm and a reception at the Drake Hotel. To register, write Dr. James P. Ahstrom, Jr., 55 E. Erie St., Chicago 60611.

Cleveland Clinic Sets PG Course On "Advances in Dermatology"

The Cleveland Clinic will conduct a postgraduate Continuation Course "Advances in Dermatology" on May 12 and 13. The tuition is $60. Write to Cleveland Clinic Education Foundation, 2020 E. 93rd St., Cleveland, 44106.

Breast, Endocrine Gland Surgery Topics for Minnesota Course

The Annual Continuation Course in Surgery at the University of Minnesota will be conducted from May 24 to 26, inclusive. The program will deal with surgery of the breast and surgery of the endocrine glands. The teaching staff of the Medical School and staff members of the Mayo Clinic as well as authorities of national reputation will conduct the instruction.

Genetic Counseling Symposium Scheduled at Chicago June 16

A Symposium on Genetic Counseling will be conducted by Children's Memorial Hospital, Chicago, at the Sheraton Chicago Hotel on June 16, from 8:30 AM to 5:00 PM. All interested members of ISMA are invited to attend.

Sex Research Institute Schedules Summer Program

July 11-22 are the dates for IU's Summer Program in Human Sexuality. Scheduled are lecture courses with special reference to the medical aspects of human sexuality, workshops in sex education and counseling, small group discussions. The fee of $325 includes housing. Registration ends May 30. Write Summer Program, Institute for Sex Research, IU, Bloomington, Ind. 47401.

Colby College to Host Surgical Seminar

The second Annual Seminar in General Surgery will be held at Colby College in Waterville, Maine, on July 22 and 23. The faculty will present practical discussions on management of trauma, vascular disease, breast diseases and problems of the biliary tract. For information write to Paul D. Walker, Jr., Director of Special Programs, Colby College, Waterville 04901. ◄

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Blue Shield Operational Data: 1946-1970

(One of a series prepared by Blue Shield)

The growth of Indiana Blue Shield over the years is graphically demonstrated in the following table of Blue Shield operational data. In addition to totals included in this table, during 1970 Blue Shield as contract carrier for Part B Medicare paid claims totaling $28,500,000.

	Membership At Year End	Number of Claims	Payment For Doctors' Services	Operating Percent
1946	80,568	540	$ 32,021	30.9%
1950	539,712	47,613	2,418,466	12.8
1955	1,267,994	209,510	7,945,040	11.1
1960	1,391,624	463,057	15,752,605	9.0
1965	1,554,470	764,683	26,939,647	6.2
1970	1,899,679	1,626,896*	52,891,550*	3.6**

GRAND TOTALS

September 1946, through December 1970

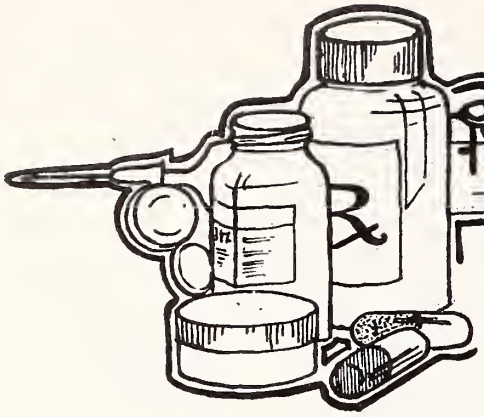
Total payments for doctors' services since September, 1946:	$388,853,505
Add outstanding	11,740,757*
Total claims expense through December 31, 1970	$400,594,262*
Reserve - December 31, 1970	19,183,124
Total claims paid for members since September, 1946	11,756,494*

*Does not include Major Medical Claims
**Excludes loss adjustment expense

In only the last 10 years, Blue Shield membership has increased by over one-half million and the volume of claims has increased by over one million per year. Payments to physicians have increased threefold over those of 10 years ago. Operating percent has been cut tremendously from 30.9% 25 years ago, to 9% only 10 years ago, to the past year's 3.6%.

By keeping the medical needs of Indiana in mind, Blue Shield has been able to progress from a strict surgical schedule of 25 years ago to a wider scope of benefits today, extending beyond surgical services to out-patient diagnostic, pathology, anesthesia and other covered charges.

The above comparisons demonstrate a remarkable Quarter Century of Service to Indiana physicians. ◄



DAY BY DAY WITH THE F.D.A.

The finding by a bakery in Columbus, Ohio, of a whole rodent frozen solid in a case of strawberries imported from Mexico led to minute inspection of the entire 12,000 pound shipment. The whole works was discarded because of the presence of rodent hairs.

* * *

Mexican pottery was found by the Dallas inspectors to be unsafe as food containers. The pottery glaze contained lead in sufficient amount to allow leaching by acidic food. As much as five grams of lead were extracted from the inside of a 10-ounce coffee mug with a vinegar solution.

* * *

A poultry producer in Iowa destroyed his entire flock of 500 egg-laying chickens after it was learned that the chickens were contaminated with a pesticide used to kill corn borers. The owner also destroyed all unsold eggs and offered to buy back all the eggs from his flock that had not been consumed. How the contamination occurred has not been determined.

* * *

The FDA campaign against *Salmonella* continues. Public education is necessary to institute control measures within the home. The organism is equally at home in the gastrointestinal tracts of man and other animals, even reptiles. Household pets may be carriers. *Salmonella* were found recently as a contaminant in 1350 pounds of egg noodles, 6400 pounds of macaroni rings, 200,000 pounds of fish meal, and a shipment of frozen eggs. Later $11,000 worth of frog legs from India, and canned sliced pineapple from Malay had to be destroyed because of *Salmonella* contamination.

* * *

A pharmacist in the state of Washington was restrained when he attempted to rid his store of an overstock by selling unlabeled "grab bags" of various prescription and over-the-counter drugs, including some labeled "Sample—Not To Be Sold." Special price was 98 cents.

* * *

A flock of 3000 chickens and 3000 dozens of eggs had to be destroyed in Alabama when they were found to be contaminated with dieldrin which had been used to control rodents in the henhouse.

* * *

The Indiana Board of Health, in a joint inspection with FDA, found cookies and candies contaminated with rodent filth, and canned hams in swollen and damaged cans. Approximately 2260 pounds of food products, worth $1200, were destroyed.

* * *

The Indiana State Board of Health officials have ordered destruction of 1712 cases of instant potato flakes. Most of it was packaged in plastic bags, some of which had not been tightly sealed, and others of which had been punctured during the fixation of stapled labels.

* * *

The Dumont Pharmacal Company of Philadelphia has ceased all manufacturing operations after an FDA complaint of poor manufacturing practices. Drugs, valued at $100,000, were buried in a sanitary landfill.

* * *

The Ohio State Agriculture Department reports that a silo sealant has been found capable of contaminating silage with polychlorinated biphenyls to an amount sufficient to contaminate the milk.

* * *

Plastic milk containers, originally capable of holding one gallon, have shrunk when washed in hot water. The court directed that, if used in commerce, they must bear a label "May contain up to 1¼ ounces less than one gallon."

* * *

Pennsylvania now has a law which permits the sale of non-dairy fat frozen desserts which are similar to ice cream. Most of the products concerned contain vegetable fat in place of milk fat.

* * *

The FDA at New Orleans had their troubles with some canned imported sardines. The shipment was refrigerated and appeared in excellent condition when first inspected and passed. However, as the temperature rose, the cans exploded in large number and the rest of the lot was returned to Denmark.

"Clothing Fires" Fact Chart Offered

"Clothing Fires" are the subject of a new Speaker's Fact Chart Set now available from the National Fire Protection Association (NFPA).

This new visual aid prepared by NFPA is designed both to give action steps to prevent clothing fires now and to create public awareness and demand to eliminate clothing fires in the future.

The set is built around 10 charts, each 25 by 36 inches, printed in black and red and bound in flipchart form. Included in each kit are a collapsible wooden table easel, script suggestions, 50 copies of the handout folder "Do the Clothes You Wear Burn?" and five colorful "Clothing Burns" posters. The entire kit is packed in a convenient cylindrical carrying and storage case.

Inconspicuous "instructor reminder notes" on each of the 10 fact charts can be used in combination with the suggested script to help the speaker organize and simplify his talk. The entire program is easily adaptable for audiences large and small and for age groups from children to senior citizens, as well as for special interest groups, varying lengths of time, and the style of any individual speaker.

An illustrated flyer giving complete information on the Clothing Fires Fact Chart Set and a sample copy of the folder included in the kit are available on request from the NFPA Public Information Division, 60 Batterymarch Street, Boston, Mass. 02110.

Drs. Austin, Nicholson to Chair SWI Health Planning Council Committees

Dr. Eugene Austin, Evansville, was recently installed as chairman of the Health Care Committee of the Comprehensive Health Planning Council of Southwestern Indiana. **Dr. R. W. Nicholson** has been named chairman of the Subcommittee on Emergency Medical Services of the CHPCSWI.

Drs. Caylor Elected

New members of the board of India Poultry and Farming, Inc. are **Drs. Harold D. Caylor and Truman E. Caylor, Bluffton.** A currently emphasized project is to raise funds to build a hospital-clinic in India.

Dr. Kohlstaedt Elected by Family Service Association

New president of the Indianapolis Family Service Association is **Dr. Karl C. Kohlstaedt,** manager of industrial medicine for Eli Lilly & Co. The United Fund agency's election took place at a dinner marking its 135th year of service.

Intensive Care Head Named

Dr. John H. Smith, Greenfield, has been appointed director of intensive care and post anesthesia services at Methodist Hospital, Indianapolis. Dr. Smith is president-elect of the Indiana State Society of Anesthesiologists.

Baylor Surgical Chief to Address History of Medicine Society

Dr. Robert Sparkman, chief, department of general surgery, Baylor University Medical Center, Dallas, will address the May 12 meeting of the John Shaw Billings History of Medicine Society. A social hour from 7:00 to 8:00 p.m. will be held preceding the lecture. Both the social hour and program will be held in Room M124, I.U. Student Union Building. All interested physicians are invited to attend.

"Health Care and You" Program On Evansville TV Concluded

A 13-program series entitled "Health Care and You" on TV Channel 14, Evansville, was concluded April 4 with a program on accidents presented by **Drs. Forest Radcliff and L. W. Sims** and a representative of the Indiana State Police. Other recent programs were: March 7, "Emergency," featuring **Drs. Raymond W. Nicholson, Bernard B. Rosenblatt and Robert Arendell;** March 14, "Drug Abuse," with a state police officer and **Drs. T. F. Teller and Milton H. Anderson;** March 21, "Allied Health Opportunities," featuring hospital personnel; and March 28, "Tension, Turmoil and Pressure," featuring **Drs. Joseph E. Coleman, Charles Hachmeister and Lee E. Radcliffe.**

To Head Cancer Treatment Center

Dr. K. G. Ambrozaitis, chief of the radiology department at Gary Methodist Hospital, will head the cancer treatment center to be located at the hospital, which is expected to be in full operation in 1973.

Sex Counseling Course Given at Muncie

Staff members of the Indiana University Medical Center conducted a one-day course on the "Role of the Family Physician in Sex Counseling" at Muncie recently. Among the speakers were **Drs. Edward A. Tyler and Joseph F. Thompson, Indianapolis. Drs. Marvin F. Greiber and John L. Cullison, both of Muncie,** served as moderator and chairman.

Jasper County Schedules Workshop on Mental Health and the Law

Dr. William E. Murray, commissioner of the Indiana department of mental health, was the keynote speaker at the recent workshop for Jasper County law enforcement personnel at Rensselaer.

Hemophilia Foundation Sets Workshop in Blood Coagulation

The second annual Workshop in Blood Coagulation has been arranged by the Hemophilia Foundation. It will be held at St. Vincent's Hospital, Indianapolis, on May 12, 13 and 14 with unlimited registration on the first two days but registration for the laboratory practice on the afternoon of the 13th and the morning of the 14th limited to the first 50 who apply.

Faculty will include **Drs. Nils U. Bang, Laurence H. Bates, John A. Cavins, William Dugan, Richard Dyke, Lee N. Foster, Carl D. Martz, Victor H. Muller, Nancy A. Roeske and Robert J. Rohn.**

The $15 fee includes two luncheons, one dinner and a laboratory notebook.

Diabetic Clinic Series at Logansport

The second in a series of diabetic clinics was recently held at Memorial Hospital, Logansport, with **Dr. E. L. Hedde** in charge.

Dr. Tyler on "Road Show"

Dr. Edward A. Tyler, Indianapolis, was one of the speakers at the annual Evansville area "road show" presented by the Indiana Association of General Practice in cooperation with the Vanderburgh County Medical Society and the Indiana Mental Health Department recently. The subjects discussed were modern social problems, particularly those involving the young.

Myasthenia Gravis Manual Offered

The Myasthenia Gravis Foundation has published "A Manual for the Physician" which was compiled by the Foundation's National Medical Advisory Board. Copies may be obtained by addressing the Marion County Chapter of the Foundation, Room 200, 4165 Millersville Road, Indianapolis 46205.

Dr. Raymond Murray to Head New Department at IU

Dr. Raymond H. Murray, professor of medicine and director of the Regenstreif Institute for Health Care, has been named head of a new department set up recently by the board of trustees of Indiana University. He will head the department of community health sciences which will incorporate the former section on community health sciences into the department of medicine. "Study will not be restricted to the medical center campus but will include instruction in hospitals, rural areas, suburban practices and inner-city clinics," according to Dr. Glenn W. Irwin, Jr., dean.

Dr. Paul Muller Elected

Dr. Paul F. Muller, Indianapolis, has been named president of the board of directors of Catholic Social Services, a United Fund agency. He is chief of obstetrics and gynecology at St. Vincent Hospital.

Health Officer Named "Man of Year"

When Morgan County Health Officer **Dr. Kenneth E. Comer, Mooresville,** went to a local Chamber of Commerce meeting recently, he thought it was to talk about his four trips to Africa. Instead, he was honored as the "Mooresvillian of the Year." After the presentation, in which he was cited for the years of local service as well as his four stints at the Methodist Missionary Hospital at Kapanga in the southwestern part of the Congo, he gave the speech he had prepared.

Drs. Crise, DuSold on Drug Abuse Panel

Drs. John R. Crise and Donald DuSold were members of a panel that discussed the use and misuse of drugs at Portage recently. They discussed the medical and psychological aspects of drug abuse at the program which was held at the Lake View Baptist Church.

Dr. Bloss Re-Elected

Dr. Bryant A. Bloss, Evansville, has been re-elected president of the board of directors of Southern Baptist Hospitals, Inc.

Dr. Thomas Speaks on Cancer

Dr. Charles Thomas, Indianapolis, showed films from the American Cancer Society and spoke on cancer to members of the Southside Welcome Wagon Club, Beech Grove, recently.

Kokomo Lions Club Hears Of Ambulance Service Needs

Dr. John L. Tofaute, Kokomo, chairman of the Howard County Medical Society's emergency medical services committee, was one of the speakers at a recent meeting of the Kokomo Lions Club. He explained the medical society's plans to assist in solving the problem involved in the provision of adequate ambulance service. Others on his commtitee are **Dr. Thomas R. Scherschel and Dr. J. L. Frazier,** both of Kokomo.

Nurses Honor Dr. Edgar Weber

The Southern Indiana Association of Industrial Nurses recently paid tribute to **Dr. Edgar H. Weber** at a dinner at Evansville. The association honored Dr. Weber for his years of guidance to the industrial nurses in the Evansville area. Among speakers at the meeting were **Dr. F. Minton Hartz,** partner of Dr. Weber for the past 36 years, and **Dr. Paul Hart.** Dr. Weber is a Senior Member of the Indiana State Medical Association.

Squibb Offers Film on Heart Failure

E. R. Squibb & Sons, Inc., and the American College of Cardiology have jointly produced a teaching film "Congestive Heart Failure: Pathophysiology and Treatment." It is a 25-minute, 16 mm film which relates recent research findings and principles. It is available without charge for showing to medical groups. Write E. R. Squibb & Sons, 909 Third Ave., New York City 10022.

RECEIVES AWARD—John R. Keilholz (right) received the public service award from Dr. William A. H. Rettberg at the ninth annual meeting of the Community Blood Bank Council in Scottsdale, Ariz., recently. Mr. Keilholz, who is executive director of the Community Blood Bank of Marion County, served as chairman of the national group last year.

Nurses Hear Dr. Albert Donato

"Health Needs and Understanding Geriatric Patients" was the subject of the talk given by **Dr. Albert M. Donato, Indianapolis,** recently. He spoke at a two-day workshop for nurses sponsored by the State Board of Health, Indiana Licensed Nursing Home Association, Indiana League for Nursing and the Indiana Philanthropic Home Association.

Dr. Freeman Martin Named "Man of Year"

Dr. Freeman Martin, Indianapolis, was recently named "Man of the Year" by Alpha Phi Alpha fraternity.

"Emergency Child Delivery" Topic

Dr. Charles Heinsen, Winamac, gave a program on "Emergency Child Delivery" for the members of the Pulaski County Law Enforcement Association recently.

Dr. Thomas Hanna Elected by "Oldtimers"

The new president of the Indianapolis 500 Oldtimers Club is **Dr. Thomas Hanna,** who is director of the medical staff of the Indianapolis Motor Speedway. A prerequisite for membership in the club is service at the 500-Mile Race for 20 consecutive years in some official capacity.

Appointed to Advisory Board

Dr. R. C. Bolin of the Arnett Clinic, Lafayette, is a new appointee to the lay advisory board of St. Elizabeth Hospital, Lafayette.

Heads Tufts Fund Drive, Speaks on Cancer

Dr. James D. Finfrock, Elkhart, has been named regional chairman for the 1971 Tufts University School of Medicine annual fund.

He was a recent speaker to members of the Zion Homemakers Club at Elkhart on cancer of the rectum and colon.

New Officers Chosen by County Health Boards

Dr. Carroll Warren, Marion, was named recently to the chairmanship of the new Madison-Grant County health board. The board will replace the separate city and county health boards currently in operation.

Dr. Charles Wise, Camden, was elected president of the Carroll County board of health recently, and **Dr. T. Neal Petry, Delphi,** secretary.

Dr. Thomas A. Randall, Lafayette, was recently named to a one-year term on the Lafayette board of health.

New officers named by the Michigan City board of health include **Dr. Robert J. Frost,** president, **Dr. Milton L. Bankoff,** vice president, and **Dr. King S. Jones,** secretary.

Dr. Sprague H. Gardiner, Indianapolis, has been named to the board of the Indianapolis Health and Hospital Corporation. Already serving on the five-man board is **Dr. Melvin S. Baird,** also of Indianapolis.

A new appointment to the Fort Wayne board of health is **Dr. William E. Brandt,** while **Dr. C. W. Dahling, New Haven,** has been appointed to the Allen County board of health **Dr. C. B. Parker** was named president of the Fort Wayne Board of Health during the Board's recent reorganization, and **Dr. Berniece M. Williams** was elected vice president. **Dr. A. P. Hattendorf** is secretary and health commsisioner.

Dr. J. R. Matthew, Knox, was recently appointed to the Starke County health board. He will serve until Dec. 31, 1973. **Dr. Guy Ingwell, Knox,** is also serving on the county health board.

At Princeton, **Dr. James F. Peck** has been appointed that city's representative on the Gibson County board of health.

The Vigo County board of health elected **Dr. Paul Siebenmorgen** chairman for the coming year and **Dr. Robert Meissel** vice chairman at a recent meeting.

Dr. Lowell J. Durham was recently installed as president of the LaPorte County board of health for 1971. **Dr. Barbara Backer** will serve as board vice president and assistant health officer.

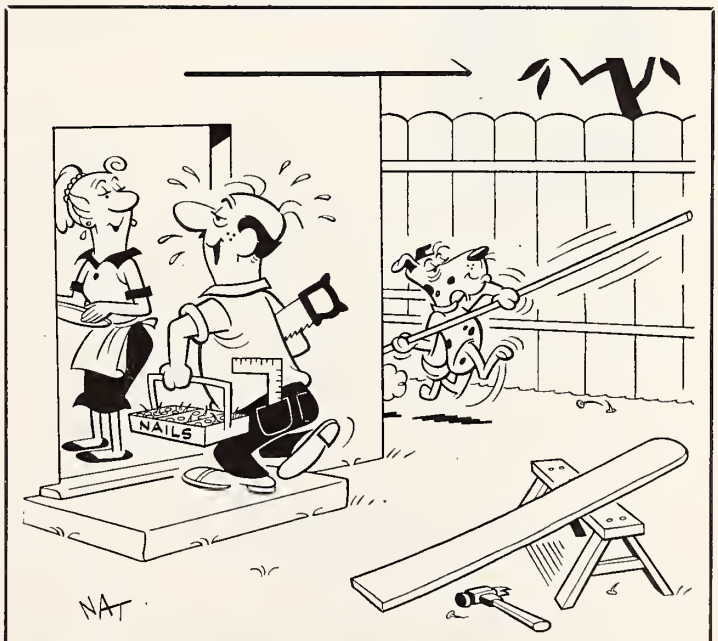
Two physicians have been reappointed to the Posey County board of health. They are **Drs. Herman L. Hirsch and John R. Crist.** Dr. Crist was re-elected county health officer for a four-year term.

At the reorganization meeting of the St. Joseph County Board of Health recently **Dr. George Plain** was elected chairman and **Dr. Richard A. Schaphorst,** vice chairman. **Dr. Louis How** is county health director.

The Fulton County commissioners recently appointed **Dr. Joseph Richardson, Rochester,** to a four-year term on the Fulton County Board of Health.

Purdue Receives PHS Grant

Purdue University has received a Public Health Service grant of $121,400 for the training of radiological health specialists. Graduate students will be trained in radiation and health physics with the objective of reducing the total radiation to the population. Radiation sources studied will include the ionizing radiation from color television, from isotopes used in medicine and the alpha, beta and gamma rays from nuclear reactors. Non-ionizing sources are microwave ovens, lasers, radars, and certain electromagnetic devices.



There! THAT fence will keep Rover in the yard for a while!

Dr. Fischer to Head IU Family Practice Program

The Indiana University board of trustees has approved a new program for its School of Medicine—the family practice program—and appointed **Dr. A. Alan Fischer, Indianapolis,** director. Dr. Fischer is a diplomate of the American Board of Family Practice and former president of the Indiana Academy of Family Practice. He is a 1952 graduate of the IU School of Medicine.

Sickle Cell Anemia Topic

Dr. Raymond Pierce, director of orthopedic surgery at General Hospital, gave a recent talk on sickle cell anemia at the Martin Center, Indianapolis.

Family Planning Topic at Seymour

Dr. William Blaisdell, Seymour, spoke to the local ministerial association at a recent luncheon meeting. Family planning, the population explosion and birth control, as related to the minister's work, were discussed.

PTB LIMB ALLOWS SMOOTH GAIT PATTERN

Built to individual measurements, HANGER's Patellar-Tendon Bearing Limb closely approaches a natural, life-like appearance, and allows the wearer to achieve a more natural gait pattern. Each prosthesis is fabricated primarily of plastics and synthetic rubber for the safety and comfort of the amputee, and allows him to carry on normal activities. The elimination of the thigh corset and the metal knee joints increases neatness and the comfort of the wearer.

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416 N. Main Street, Evansville, Indiana 47711
3004 S. Wayne Ave., Fort Wayne, Ind. 46807

"Medical Men in Music" Subject of Dr. Neifert's Talk at Tell City

Dr. Noel Neifert, Tell City, gave a paper on "Medical Men in Music" before the Lincoln Trail Organ Club recently. He narrated the contribution of Leopold von Auenbrugger of Graz, Austria, who, as a musician and a doctor, invented the art of percussion of the human body.

Named to Air Pollution Control Board

Dr. Owen Slaughter, Evansville, has been appointed to the local Air Pollution Control Board for a four-year term by Evansville Mayor Frank McDonald.

Discusses Trip to Russia, Shows Films

Dr. H. R. Eshelman, Monterey, member of a team studying socialized medicine in 1969, showed slides of Russia and the Scandinavian countries at a meeting of district nurses in Rochester recently.

Dr. Evans Named to Foundation Board

Dr. Frederick H. Evans has been named by Marion Circuit Judge John L. Niblack to the board of the Indianapolis Foundation, charitable organization that administers a $20 million trust fund.

Named to Silver Anniversary Team Of Indiana Basketball Hall of Fame

Dr. J. P. Salb, Jasper, was named to the Indiana Basketball Hall of Fame Silver Anniversary Team at the annual Hall of Fame Banquet in Indianapolis March 17.

Dr. Paul Honan Speaks to Sorority

Heart disease was the topic of the talk given by **Dr. Paul Honan, Lebanon,** at the February meeting of the Epsilon Sigma Alpha sorority in Lebanon.

Dr. Martz Gives Scouting Tribute

Dr. Carl D. Martz, Indianapolis, was guest speaker for the service of tribute to Scouting at the East Lynn Christian Church, Anderson, on "Scout Sunday" in February.

ICS Appoints Dr. Virgil DeVault

Virgil T. DeVault, M.D., a graduate of Indiana University School of Medicine and recently the Director of the Department of International Health of the American Medical Association, has been appointed the International Executive Secretary of the International College of Surgeons.

Two Named to "Best Dressed" List

The annual list of the 10 best dressed men in Indiana this year includes two physicians, **Dr. Francis W. Hare, Jr., of Madison and Dr. John T. Young, of Indianapolis.**

Speaks to Planned Parenthood Group

Dr. Herschel C. Moss, Indianapolis, president of the Voluntary Sterilization Association of Indiana, Inc., was featured speaker at the 1971 annual meeting of Planned Parenthood of Madison County.

BPW Club Hears Dr. Helen Barnes

Dr. Helen Barnes, Greenwood pediatrician, was guest speaker at a recent meeting of the Greenwood Business and Professional Women's Club. ◄

Annual Meeting Dates of Professional Medical and Allied Organizations

AMERICAN MEDICAL ASSOCIATION ANNUAL CONVENTION
Date June 20-24, 1971
Place Atlantic City, N.J.

NORTHERN INDIANA PSYCHIATRIC SOCIETY
Date Fourth Wednesday of every month, September through June
Place For location and program, inquire Beatty Memorial Hospital, Westville

INDIANA STATE MEDICAL ASSOCIATION CONVENTION
Date October 12-14, 1971
Place Indianapolis

INDIANA ACADEMY OF GENERAL PRACTICE
Date April 20-22, 1971
Place Indianapolis Hilton

INDIANA PSYCHIATRIC SOCIETY
Date Second Wednesday of September, November, January, February, March and April
Place For time and place, inquire Wesley A. Kissel, M.D., 1815 N. Capitol Ave., Indianapolis 46202

INDIANA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS
Date May 12-13, 1971
Place Indianapolis Stouffer Inn

INDIANA PUBLIC HEALTH ASSOCIATION
Date April 20-22, 1971
Place Indianapolis Stouffer Inn

INDIANA CHAPTER OF THE AMERICAN COLLEGE OF SURGEONS
Date May 7-9, 1971
Place Indianapolis Hilton

INDIANA ACADEMY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY
Date May 4-6, 1971
Place French Lick Sheraton, French Lick

INDIANA HEALTH CAREERS, INC.
Annual Business Meeting
Date April 29, 1971
Place Speedway Motel, Indianapolis

INDIANA SOCIETY OF INTERNAL MEDICINE AND AMERICAN COLLEGE OF PHYSICIANS
Date Oct. 13, 1971
Place Murat Temple, Indianapolis

INDIANA STATE ASSOCIATION OF MEDICAL ASSISTANTS
Date April 23-25, 1971
Place LaSalle Motor Inn, South Bend

INDIANA ASSOCIATION OF PATHOLOGISTS
Date December 4, 1971
Place Indianapolis Motor Speedway Motel, Indianapolis

Deaths

Paul D. Crimm, M.D.

A physician and surgeon who headed Boehne Hospital at Evansville for nearly 40 years, Dr. Paul D. Crimm, 77, died Feb. 18 at Barnes Hospital, St. Louis. Dr. Crimm himself was a victim of tuberculosis as a young man and this led to his specialization in surgical treatment of the disease, in which he was a pioneer.

He was elected president of the Indiana State Medical Association in 1951 and had also served as president of the Indiana Tuberculosis Association. A graduate of the School of Medicine at Western Reserve University, he was a fellow of the American College of Surgeons and had served as chairman of the tuberculosis committee of the American Medical Association.

Howard W. Byrn, M.D.

Dr. Howard W. Byrn, who practiced in New Albany for many years before his retirement in 1961, died Feb. 28 in a Lafayette hospital. He was 85 and a Senior Member of the Indiana State Medical Association and a member of the Benton County Medical Society at the time of his death.

Lloyd W. Hisrich, M.D.

Dr. Lloyd W. Hisrich, 60, Batesville, died March 6 at St. Vincent Hospital, Indianapolis. A physician and surgeon at Batesville since 1936, Dr. Hisrich was Ripley County Health Officer at the time of his death. Active in many community activities, Dr. Hisrich was a member of the Ripley County Medical Society, ISMA and AMA.

Lillie S. Kaufman, M.D.

Dr. Lillie S. Kaufman, 71, died Feb. 13 at Elkhart General Hospital. Dr. Kaufman, who was a medical missionary in Africa and India for a number of years, received her medical degree from Woman's Medical College, Philadelphia. She practiced in Goshen from 1959 to 1964 and was a former member of the Indiana State Medical Association.

Milton M. Rubin, M.D.

A life-long resident of Terre Haute, Dr. Milton M. Rubin, 75, died March 4 at Union Hospital there. A graduate of the Indiana University School of Medicine he was a life member of the American Psychiatric Society. He served as secretary of the Terre Haute board of health for many years and was a member of the Vigo County, Indiana State and American Medical associations.

Emil H. Bergendahl, M.D.

Dr. Emil H. Bergendahl, 49, Fort Wayne otolaryngologist, died March 4 while on a skiing trip at Vail, Colo.

A graduate of the University of Minnesota Medical School, Dr. Bergendahl was a Fellow of the American Board of Otolaryngology, a Fellow of the American College of Surgeons, a Fellow of the American Society of Head and Neck Surgery, a Fellow of the American Triological Society, and a Fellow of the American Society of Facial Plastic and Reconstructive Surgery. He was also a member of the Indiana Academy of Opthalmology and Otolaryngology and American Academy of Opthalmology and Otolaryngology. He had practiced at Fort Wayne since 1952 and was a member of the Allen County, Indiana State and American Medical Associations.

The girth control pill

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When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

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Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

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Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.), TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

T-107/4/71/U.S. PATENT NO. 3,001,910

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PHILADELPHIA, PENNSYLVANIA 19144

Painful night leg cramps...

unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

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Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)

County, District News

Allen

Two hundred twenty attended the Allen County Medical Society's second annual Father-Son Banquet at the Fort Wayne Chamber of Commerce. John Pont, I.U. football coach, was the speaker.

Dearborn-Ohio

Dr. Milton Lipson, psychiatrist at the Madison State Hospital, spoke on treatment of the psychotic patient and admission procedures at state hospitals when the Dearborn-Ohio County Medical Society met March 4.

Elkhart

Speakers from the rehabilitation center presented a program on services provided by rehabilitation centers when the Elkhart County group met March 4.

Serving as officers of the group are: President, Dr. Elmer R. Billings; Elkhart; vice president, Dr. John P. Turner, Goshen; and Dr. Page E. Spray, Elkhart, secretary-treasurer. Drs. Thomas A. Elliott and James D. Finfrock of Elkhart were named delegates to the ISMA, while Dr. Frederick W. Bigler of Goshen and Dr. Patrick B. Campbell of Elkhart are alternates.

Dubois

Drs. Charles H. Klamer and Bernard Kemker, both of Jasper, are the new officers of the Dubois County Medical Society, with the former serving as president and the latter as secretary.

Fayette-Franklin

A representative of the USV Pharmaceutical Corporation presented a Med-Com film on diabetes at the March 9 meeting of the Fayette-Franklin County Medical Society.

Fountain-Warren

The rubella immunization program was discussed at the February meeting of the Fountain-Warren County Medical Society and it was voted to proceed with the program.

Gibson

New officers of the Gibson County Medical Society are Dr. James F. Peck, president, and Dr. W. Russell Wells, secretary. Both are from Princeton.

Huntington

Dr. Malcolm O. Scamahorn, ISMA president, spoke at the January meeting of the Huntington County Medical Society. Dr. Lowell J. Hillis, Logansport, 11th District trustee, also attended the meeting.

LaGrange

President Malcolm O. Scamahorn of the Indiana State Medical Association was a guest at the February meeting of the LaGrange County Medical Society and toured the LaGrange County Hospital.

Dr. K. M. Lehman, Topeka, is the new president of the group. Others elected are: Dr. F. X. Colligan, Topeka, vice president; Dr. J. L. Hamer, LaGrange, secretary-treasurer; Dr. M. O. Mellinger, LaGrange, delegate, and Dr. Colligan, alternate.

LaPorte

"Modern Trends in Anesthesia" was the subject discussed by Dr. Max Sadove, Chicago, at the February meeting of the LaPorte County Medical Society. Two senior medical students from Indiana University were guests.

A film on diabetes was shown at the March meeting.

Montgomery

Dr. Fred Blix, Ladoga, spoke on "Autocoids" at the March meeting of the Montgomery County Medical Society. Sixteen members were present.

Parke-Vermillion

A discussion of the proposed health plan before Congress and the AMA plan took place at the March meeting of the Parke-Vermillion County Medical Society. Those present favored the AMA plan.

Porter

Dr. Daniel R. Evans, Valparaiso ophthalmologist, has been elected president of the Porter County Medical Society. The new president elect is Dr. John Forchetti, Chesterton, while Dr. J. William McBride, Valparaiso pathologist, is secretary.

Rush

Dr. Willard Worth, Milroy, is the new president of the Rush County Medical Society. Dr. Charles E. Sheets, Manilla, will continue to serve as secretary.

Tippecanoe

Fifty-two members and three guests were on hand for the March meeting of the Tippecanoe County Medical Society.

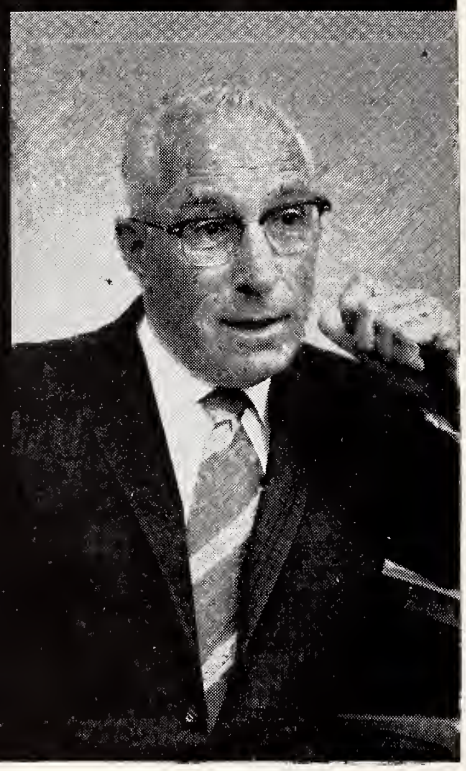
Vanderburgh

"Is the Mischief in Drugs or in People?" was the topic of the speech given at the March meeting of the Vanderburgh County Medical Society by Darold A. Treffert, M.D., psychiatrist and superintendent of the Winnebago State Hospital in Wisconsin. Dr. Treffert's talk was sponsored by the Medical Education Foundation of Southwestern Indiana.

Wayne-Union

Dr. John I. Nurnberger, Indianapolis, spoke at the February meeting of the Wayne-Union County Medical Society at which wives of members were guests. His topic was "Physician Responsibilities and His Family." ◄

"Drug research gives me the tools that save lives."



A family doctor looks at new developments in the pharmaceutical industry. And he speculates on the future.

When I look back at some of my old records, I'm constantly reminded of the changes that have come about in medicine just during the past twenty-five years. Some of the diseases I treated and prayed over in the '40's are found mostly in medical history books now.

Thanks to drug research and development, we've made substantial gains in the control of cardiovascular disease, diabetes, malaria, mental illness, strep and staph infections, meningitis and a long list of ailments. It seems like only yesterday when a diagnosis of pneumonia was almost the kiss of death. Now, with modern medical techniques and drug therapy, we can offer some real help.

My records on polio, influenza and measles show an unbelievable trend for the better. New vaccines have reduced the toll of these age-old threats dramatically. And I see patients in pain from crippling arthritis helped with new medicinals unknown just a few years ago.

I hear questions about the three billion or so dollars spent by the drug industry in research during the past ten years . . . working on new and better drug products. It does seem like quite a bit of money to spend, and I realize some of it goes into dead ends. That's the problem with research, any research . . . you often don't know where you're going until you get there. I want all the tools I can get to help my patients. I want more drugs and more effective drugs. If they mean less pain, longer lives and more productive careers for those I treat . . . well, that's what really counts.

Another point of view . . . Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.

This advertisement has been reaching consumers thru THE ATLANTIC, FAMILY HEALTH, HARPER'S MAGAZINE, NEWSWEEK, SATURDAY REVIEW, TIME and U.S.NEWS & WORLD REPORT.

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IMMEDIATE OPENING: Internist or general practitioner to join six man multi-specialty group in northeastern Wisconsin. Excellent professional opportunity to practice in a friendly community, only two actively practicing physicians (general practitioners) in the community outside of our clinic. Salary commensurate with training and experience first year and then full partnership. Ideal, safe small city living for the family on scenic Lake Michigan with excellent fishing, boating ond hunting. All this and still only 1½ hours drive to Milwoukee or 45 minutes to Green Bay or lovely Door County. For complete details contact Robert E. Myers, M.D., Gorfield at 23rd, Two Rivers, Wisconsin 54241.

WOULD BE interested in an emergency room in a hospital in or within an hour's drive of Indianapolis. Box 365, The Journol, ISMA, 3935 N. Meridian St., Indianapolis 46208.

SITUATION WANTED: YOUNG GENERAL SURGEON, 32, Boord Certified, with additional training and experience in traumo ond oncologic surgery, interested in solo or group practice in Indiana. Excellent references. Available June 1971. Contoct Box 366, Journal of the Indiana State Medical Ass'n.

WANTED: G. P. as partner with semi-retired G.P. in community northwest Indiana, population 5500. Full partnership first year and eventually take over practice. Excellent opportunity for young man to become established quickly. Contoct — K. R. Ockermann, M.D., 119 W. Harrison, Rensselaer, Ind. 47978.

MONTEGO BAY JAMAICA: Three bedroom, three bath villa; three servants; swimming pool; private beach; competitive rent. Nearby golf, fishing, etc. 10% off national advertised rent for ISMA members. Inquire for details: D. F. Buehner, M.D., 3700 Bellemeade, Evansville, Ind. 47715.

GENERAL SURGEON — for practice in Eagle River, Wis., famed northern Wisconsin year around vacation community. Offering new 40-bed hospital, completely equipped for general, orthopedic surgery, X-ray, lab and physical therapy depts. Staff: 5 gen. prac., OB-GYN Dr., radiologist. Hospitol attractively located adjacent to golf course and near chain of 28 lakes. Ideal family living without pressures. Unlimited recreational opportunities in fishing, boating, snowmobiling, skiing, hunting. Over 1300 lakes in county, trout streams. Exc. schools, college nearby. Nearby metropolitan centers accessible by airlines. Pop. immediate area 8,000 year around, 25,000 summers. Contact Bob Satran, Eagle River, Wis. Phone 715-479-4422.

WANTED: G. P. for aggressive community in Southern Indiana. Funds available to build modern clinic to house two doctors, emergency room and x-ray room included. Clinic could be built along lines recommended by doctor selected. Rent free for 90 days — reasonable rent with option to buy if doctor so desires. Please contact Herbert L. Kestler, The Napoleon State Bank, Napoleon, Ind., Secretary, Inter-Community Medical Center. Phone UL2-4242, area code 812. Office space will be provided until clinic is complete.

FOR SALE, modern office, 4212 E. Michigan St., Indianapolis. Air conditioned, 1100 square feet, ground floor, including furniture and equipment.
CONTACT, Froncis P. Jones, M.D. 357-5110

FOR SALE: Radiologic practice and equipment. H. Joseph Cronin, M.D., 3400 N. Meridian St., Indianapolis 46208. 317-924-1239.

LOCUM TENENS NEEDED for June, July and August, or any part thereof. Cover E. R., possibility of some inpatient and relieve in physician office. Consider intern or resident between programs or awaiting military service. Fee open. Contoct Administrator, Gibson General Hospital, 1808 Shermon Drive, Princeton, Indiano 47570—Call collect 812/385-3401.

NOTICE

Commercial announcements are carried in the Journal as a special service to ISMA members. Only advertisements considered to be of advantage to members by the Journal editorial board will be accepted. Those of a truly commercial nature (i.e., firms selling brand products, services, etc.) will be considered for display type advertising.

Charges for commercial announcements are:

First four lines: $3.00
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DEADLINE: Fifth day of month PRECEDING month of issue.

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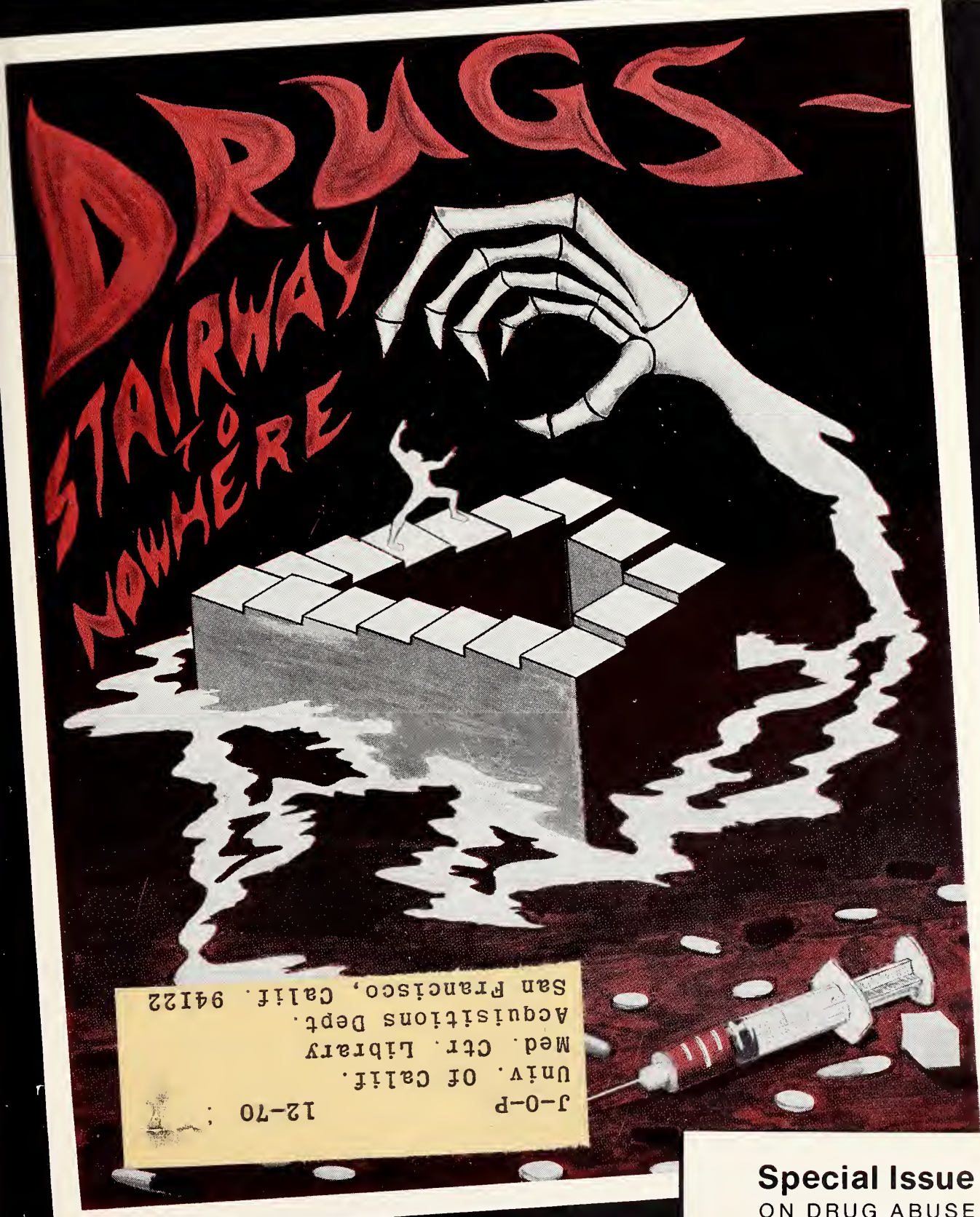

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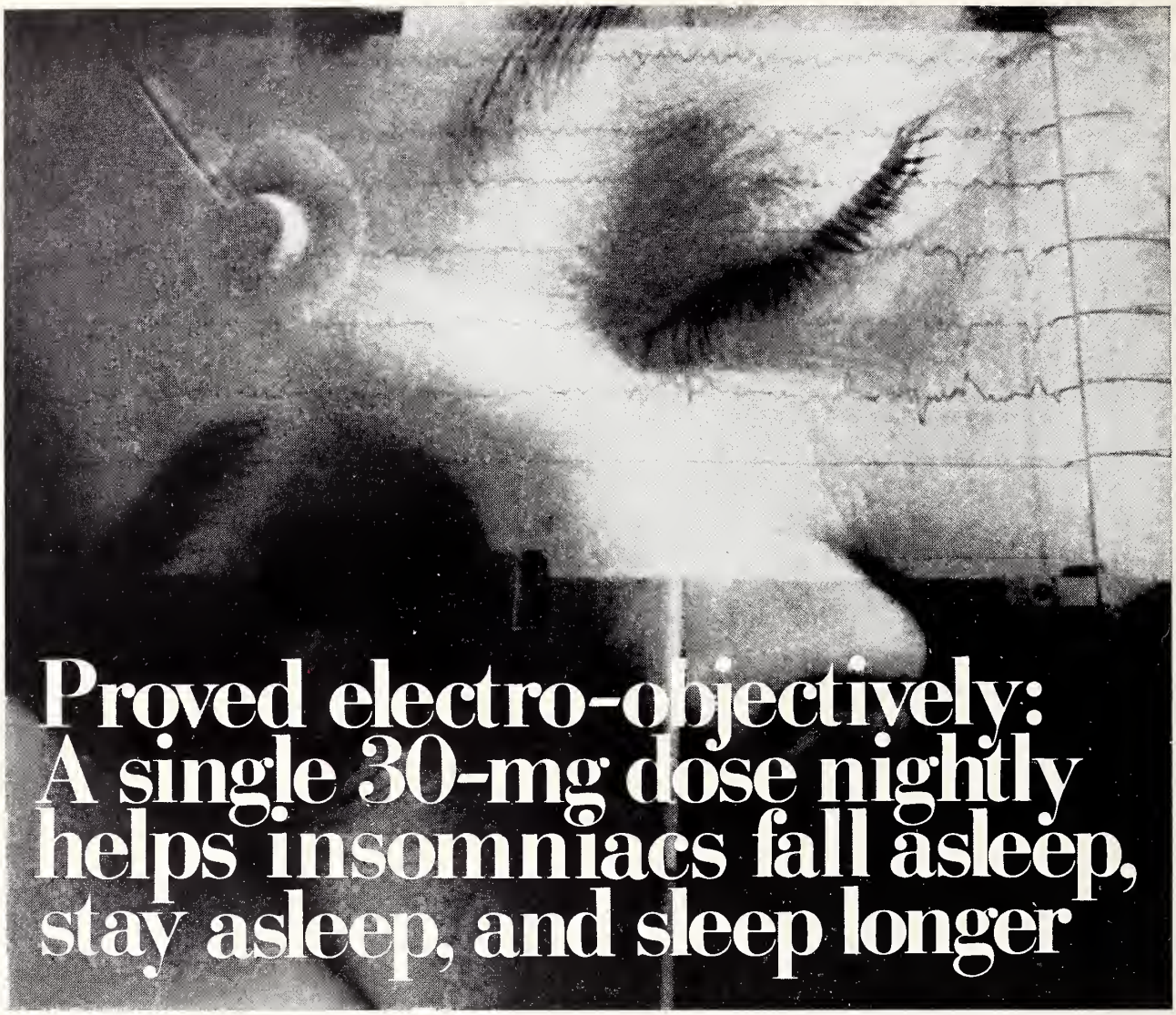


Proved electro-objectively: A single 30-mg dose nightly helps insomniacs fall asleep, stay asleep, and sleep longer

Controlled studies of 23 insomniac and 13 normal subjects treated with Dalmane (flurazepam HCl) in five sleep laboratories generated over 4000 hours of electroencephalographic, electro-oculographic and electromyographic tracings. These studies revealed that Dalmane 30 mg nightly usually induces sleep in 22 minutes and provides seven to eight hours of sleep.[1,2,3]

Moreover, Dalmane 30 mg was found to be useful in all common types of insomnia in which it was studied. Of drugs studied in a sleep laboratory,[1] Dalmane 30 mg was the only one that consistently reduced sleep induction time and maintained sleep nightly for 14 consecutive nights of use.

Confirmed clinically

Fifty-three controlled studies using a paired-night, double-blind crossover design have evaluated Dalmane clinically. In the majority of these, Dalmane (flurazepam HCl) significantly reduced sleep induction time and increased sleep duration. Dalmane and a placebo were alternated on successive nights in 2010 insomniacs, 1706 of whom were studied for a single night-pair, and the remainder for as many as fifteen paired-nights. A patient preference for Dalmane was apparent in the paired-night studies.

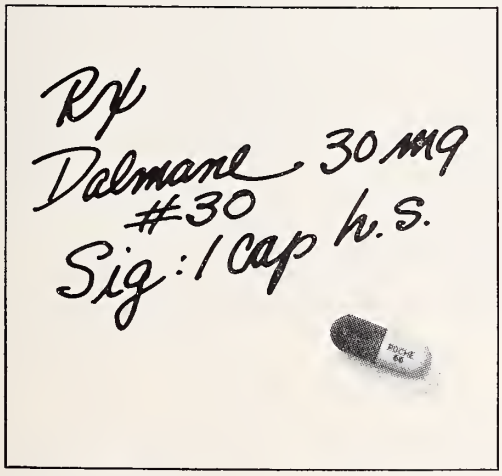
Dalmane was also preferred to certain hypnotics in two separate preference studies. In each of two double-blind studies, Dalmane 30 mg retained effectiveness for the total period of seven consecutive treatment nights, according to subjective/objective evaluations.

In summary, Dalmane is useful in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening. It can be used effectively in patients with recurring insomnia or poor sleeping habits, and in acute or chronic medical situations requiring restful sleep.

Dalmane (flurazepam HCl) is generally well tolerated

In most instances in which adverse effects with Dalmane were reported, they were mild, infrequent and seldom required discontinuation of the drug. Dizziness, drowsiness, lightheadedness and the like were the side effects most frequently noted, particularly in elderly or debilitated patients.[3] Instances of hepatic dysfunction, paradoxical reactions (excitement) and hypotension are rare with Dalmane, and morning hang-over is relatively infrequent. In studies to date the effectiveness of Dalmane for recommended periods of use is maintained without need to increase dosage.

References: 1. Kales, A., *et al.:* "Effectiveness of Sleep Medications: All-Night EEG Studies of Hypnotic Drugs," in Proc. 7th Internat. Cong. Electroencephal. and Clin. Neurophysiol., San Diego, Calif., Sept. 13-19, 1969. **2.** Kales, A., *et al.:* "Psychophysiological and Biochemical Changes Following Use and Withdrawal of Hypnotics," In Kales, A. (ed): *Sleep: Physiology and Pathology,* Phila., Lippincott, 1969, p. 331. **3.** Data on file, Medical Department, Hoffmann-La Roche Inc.



For the sleep your patients need

New **Dalmane**®

(flurazepam hydrochloride)

Before prescribing, please consult Complete Product Information, a summary of which follows:

Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

Contraindications: Known hypersensitivity to flurazepam HCl.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

Precautions: In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, *e.g.,* excitement, stimulation and hyperactivity, have also been reported in rare instances.

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MAY 1971

The Journal of the INDIANA STATE MEDICAL ASSOCIATION

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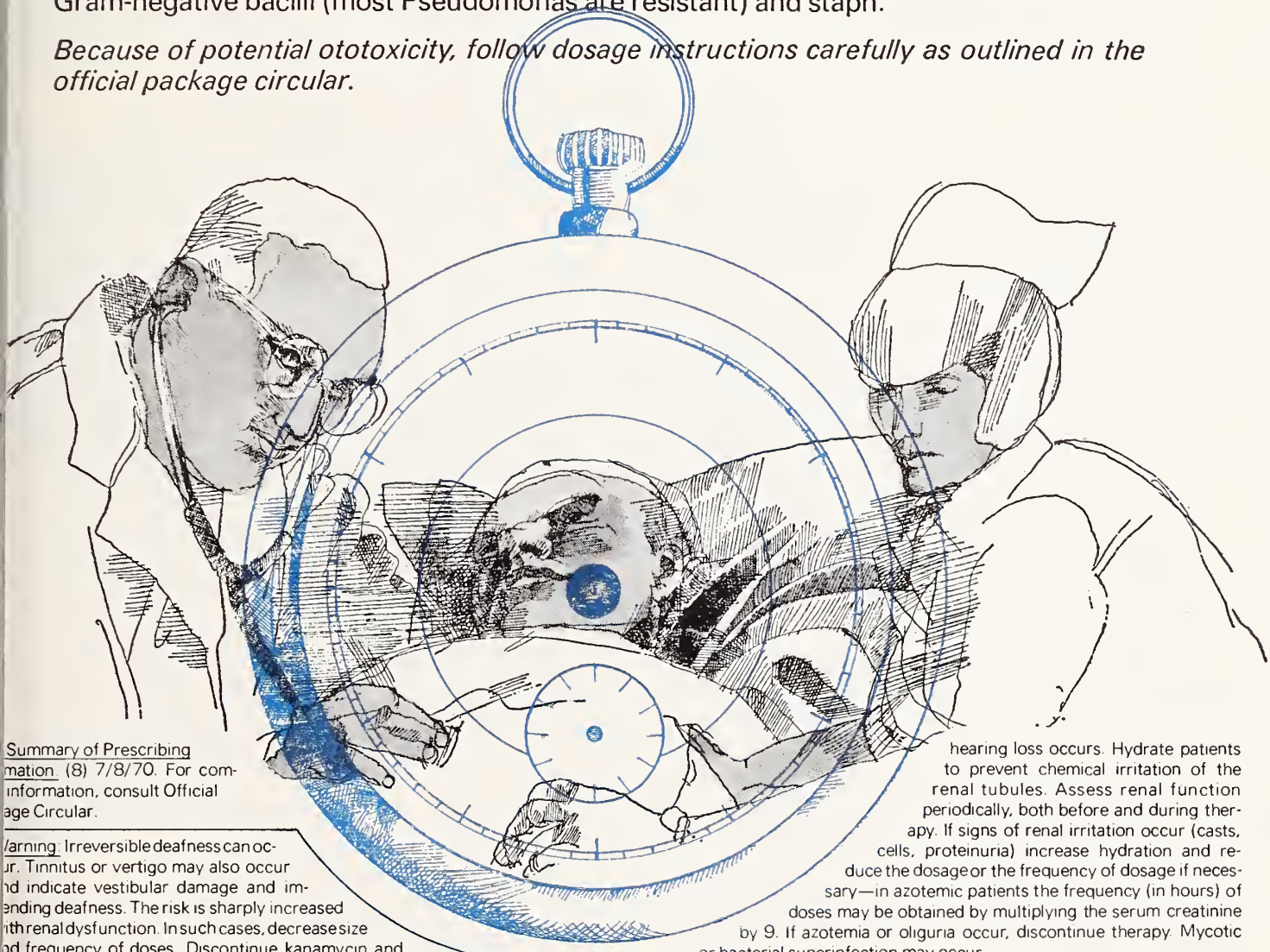

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the compound analgesic that calms instead of caffeinates

In addition to pain, this patient has experienced anxiety, fear, embarrassment, and frustration. No doubt these psychic factors actually increased her perception of pain. Surely the last thing she needs is an analgesic containing caffeine. The logical choice is Phenaphen with Codeine. It provides a quarter grain of phenobarbital to take the nervous "edge" off, so the rest of the formula can control the pain more effectively. It's no accident that the Phenaphen formulations contain a sedative rather than a stimulant. Don't you agree, Doctor, that psychic overlay is an important factor in most of the accident cases you see?

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PRECAUTIONS: Administer with care to patients with cardiac or peripheral vascular diseases or hypertension. Until the patient's response has been determined, he should be cautioned against engaging in operations requiring alertness such as driving an automobile, operating machinery, etc. Patients receiving antihistamines should be warned against possible additive effects with CNS depressants such as alcohol, hypnotics, sedatives, tranquilizers, etc.
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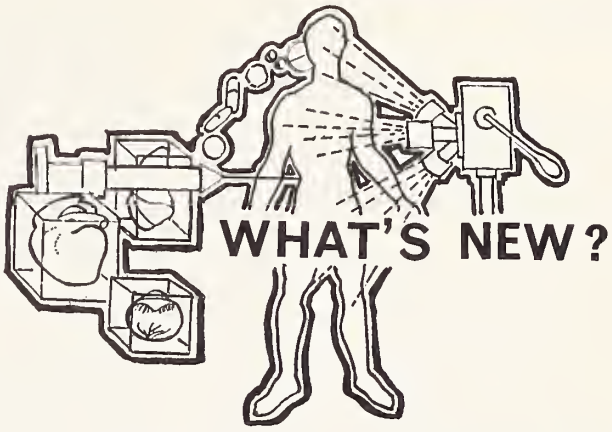
HOW SUPPLIED: Light blue Extentabs in bottles of 100 and 500.



Ames has a new device for reading the blood glucose level on DEXTROSTIX. The Reagent Strips previously were read by comparing the washed strip with a color chart on the bottle label. The Ames ™Reflectance Meter, not only allows an accurate reading both above and below the range for which naked eye readings are capable, but also operates to avoid any error introduced by the operator's possible color blindness. Light is reflected from the reacted reagent strip and measured by photoelectric cells and then read according to the movement of a needle on a calibrated scale. The meter operates on self-contained batteries.

* * *

Medical Data Systems of Detroit has a low-cost, computer-assisted system for taking medical histories. The history taking terminal flashes questions on the display screen and the patient answers by pressing a "Yes", "No", "Don't Know", or "Don't Understand" key. The terminal is connected to a computer by a telephone line. It produces a written history. Specialized histories may be programmed in the terminal.

* * *

Squibb announces that Teslac (Squibb Testolactone), for the palliative management of disseminated breast cancer, is now available as tablets for oral administration. Teslac is the first steroid for advanced breast cancer that separates the wanted antineoplastic effect from the unwanted masculinization effect. It has been found to be effective in approximately 15% of patients treated.

* * *

The Trainex Corporation has 5 new audio-visual educational programs for patients,. These are full-color, 35 mm filmstrips with narration of about 20 minutes recorded on a standard LP record or a tape cassette, plus a printed Instructor's Guide and Script. The titles are (1) Introduction to Infant Care, (2) Breastfeeding, (3) What is Diabetes? (4) Diet Planning for the Diabetic, and (5) What is Emphysema? Write P.O. Box 116, Garden Grove, Calif. 92642.

* * *

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

Letters to the editor

To the Editor:

It was certainly a pleasure to receive your kind letter of March 19th.

I was pleased to learn of your esteem for Dr. Goethe Link, and I am most enthusiastic about the Profile we plan to publish on him. May I take this opportunity to congratulate you on the excellent presentation of articles on Dr. Link's life, which I enjoyed reading in *The Journal of the Indiana State Medical Association.*

Please be assured that I certainly will send you an advance copy of the issue in which our Profile of Dr. Link is published.

Thanking you for your interest, and with my warmest personal regards, I am

Cordially yours,
FELIX MARTI-IBANEZ, M.D.
Editor and Publisher
MD Publications, Inc.
New York 10022

To the Editor:

As a physician who in my earlier professional life practiced *mass* preventive medicine for a number of years and who has for the past six years practiced *personal* preventive medicine exclusively, I would like to make several comments on the editorial "It Seems So Foolish. . .for anyone to promote more preventive medicine when what we have is not utilized."

The editorial claims that "only 1 percent (of preventive medicine) now provided is actually used." Though I don't know the basis for that figure of 1 percent, it is obviously a gross understatement of the reality. It is well known that several millions of people have stopped smoking in the past few years. And it is also a demonstrable fact that a great many people are *not* too fat. And an unknown but, I'm sure, substantial number of once-fat people are now maintaining their weight at normal or near-normal levels. Furthermore, many people drive for years without having a serious accident. I'd be amazed if these people do not constitute many times 1 percent of the total population.

Doesn't it seem reasonable to credit preventive medicine with having convinced many of these people that they should stop smoking and overeating, and drive defensively?

I assume that the editorial writer is a physician who treats sick people, so I ask him: Do all of his sick patients carry out his instructions to the letter, take their medicines on time, and not add a few of their own home remedies to his treatment? Why is he so perfectionistic with respect to preventive medicine? Furthermore, I would remind the editorial writer that for every minute of time or inch of space devoted to preventive medicine, there have been 100 minutes of time and inches of space devoted to the selling of cigarettes, fatty foods and fast cars. We practitioners of preventive medicine have lots of opposition.

Let me suggest a different attitude in our approach to the promotion of preventive medicine:

1. Because most people's knowledge of how their own body is made and how it operates is totally inadequate, it is very difficult to help them to really understand the principles and practices they must follow in the continuous practice of preventive medicine. To remedy this, I suggest that the medical profession actively insist that our primary and secondary schools teach children the basic facts of how their bodies are made and how they operate.
2. Now that cigarette advertising has been banned from television, should not we physicians take an active interest in countering the ads which promote overeating and super-fast cars? We are now experiencing a great surge of free publicity being given to the so-called health food and natural food industry. No one has to have much knowledge of metabolism and nutrition to observe that a great deal of nonsense is being advanced even by such prestigeful media as Life magazine. This is largely because the medical profession has not assumed leadership in providing the proper kind of information in the mass media, thus leaving the field open for exploitation by charlatans, quacks and plain ignoramuses.

   In saying this I am not saying that everyone or even most of those in the health food and natural food industry is a quack, charlatan or ignoramus. But given the space, I could readily demonstrate that there is a very large amount of these elements in the business which is today making an awful lot of money selling vitamins, seeds and natural foods to cure or prevent everything from acne to prostatitis. What is the medical profession doing to provide the public with sound information in regard to these matters?
3. The editorial writer overlooks the fact that there is a constant influx of young, uneducated and inexperienced people into society. This of course results in the necessity for carrying on a never-ending campaign to promote preventive medicine. When one realizes this basic fact about the nature of societies, one no longer expects 100 percent success in any campaign to get society to do one thing or other.
4. Finally, experience has shown me that many people do act on the preventive messages that I

give them, provided I phrase my messages in language they can understand; provided I take the time and trouble to explain *why* I make a given recommendation; and provided I have the patience to *not* scold those patients who "back-slide." I figure that every patient has a right to do his or her own "research" with the ideas I give them. How else can they find out if my medicines or advice are sound? I have many patients now practicing preventive measures I taught them who have been "back-sliders" two or three times but who are now convinced by their own experience that my advice was sound.

In education for preventive medicine, just as in all forms of education, the first requirement is a knowledgeable *and* patient teacher who is able to communicate with the learner *at the level* each learner can understand.

In my experience the active promotion of preventive concepts pays the highest kinds of "good will" dividends. I believe this is true even with people who more or less ignore the preventive advice. I guess they feel a physician's concern with promoting preventive medicine demonstrates that he is on the patient's side and not merely sitting around like a vulture or undertaker waiting for an opportunity to profit from patients' adversities. Had organized medicine spent, in the promotion of preventive medicine, half the money that went into lobbying against "socialized medicine," we would not be on the brink where we and the American people now find ourselves.

Yours sincerely,
JOSEPH W. STILL, M.D., M.P.H.
El Monte, Calif. 91731

Dear Doctor Still:

Thank you very much for your thoughtful letter which discusses my editorial on preventive medicine.

I believe our areas of agreement are not only numerous but important. As I understand your letter we both feel that preventive medicine (and I think of it in a very inclusive fashion) is very important to health, that to be of any real value it must be practiced on an individual basis so far as the patient is concerned, that its success depends on each person accepting responsibility for his own health, and that the individual's practice of preventive medicine involves self discipline and the avoidance of quite a few enjoyable but harmful habits.

My reference to the one percent that is actually used was merely an exaggeration to call attention to the fact that many of the rules for good health are not only ignored but also, on the part of many people, are not recognized as being part and parcel of preventive medicine.

Too many citizens, I feel, are not willing to accept responsibility for their own health, but will be fascinated by political plans which sound as though they would bestow instant health on everyone and at the same time relieve everyone of the bothersome details involved in the application of preventive measures to oneself.

I agree with you that a very large and adroit educational campaign is indicated.

Editor

To the Editor:

Some comments on the Welfare articles by Dr. Wilkens in your February and March issues are appropriate, since the author correctly says that "understanding and knowledge are needed."

Toward that end, I would like to suggest some aspects of the subject that Doctor Wilkens has not considered in those two issues.

I would point out that public assistance in the realm of individual responsibility was tried in 1620 and failed then as it has failed repeatedly before and after that date, regardless of the circumstance of an agricultural or industrial-urban community. This failure has expanded as public assistance to people who had no responsible relatives or neighbors to aid them was passed out of the local community to state and federal levels.

The depression of 1929 was not an accident that preceded national welfare programs. It was planned that way by the financial moguls of this and other nations. So, too, did they plan the Social Security swindle, the Federal Reserve hoax and perpetual wars that have now made this nation's debt more than the combined debt of the other nations of the world. Concurrent with this mischief, the taxes on the workers of this state and nation have spiraled to intolerable amounts that are only now being protested by too few people.

Welfare programs cannot be expanded. They must be reduced. They must be removed from state and federal bureaucratic control. They must be returned to the close scrutiny of local communities that would not tolerate the misuse of their tax money to promote immorality and irresponsibility.

By all means, let us study the subject of welfare more thoroughly to better understand its implications —but, let's not stop there. We had better start to understand the impetus back of all these demoralizing and bankrupting issues that are destroying a republic of once-free men.

A. G. BLAZEY, M.D.
7 East Walnut Street
Washington 47501 ◄

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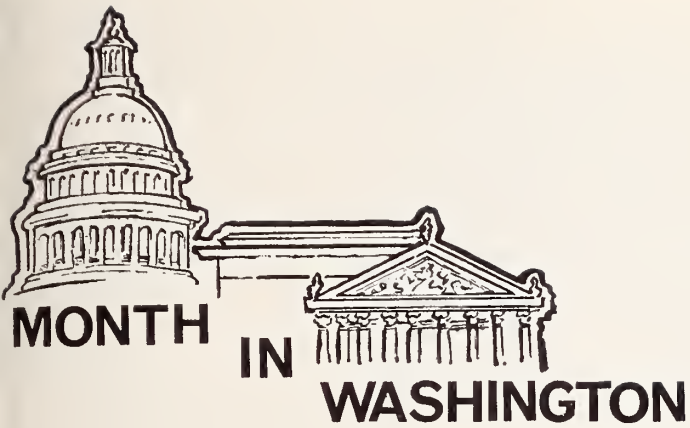


This summary of what is happening in Washington is prepared by AMA's Capitol office and air-mailed to *The Journal* on the ninth of each month preceding month of issue.

AMERICAN MEDICAL Association spokesmen urged that the AMA Medicredit national health insurance program be adopted as the best way to assure the nation's poor access to quality medical care and to free families with moderate incomes from the fear of bankruptcy resulting from a long, costly illness.

DR. MAX H. PARROTT, chairman of the Board of Trustees, and Dr. Russell B. Roth, speaker of the House of Delegates, represented the AMA before the Senate Health subcommittee at one of its hearings on national health insurance and major health care problems facing the nation.

THEY estimated the first year cost of Medicredit at $14.5 billion, much less than some proposals before Congress that would have the federal government virtually take over the nation's health care delivery.

THE MEDICREDIT legislation (H.R. 4960 and S. 987) has been introduced in Congress with 131 Democrats and Republican members as sponsors.

DR. ROTH said that Medicredit, "without disturbing the present medicare program for the elderly . . . . make available to everyone under 65 a private program of comprehensive medical and health care protection, covering both the ordinary and the catastrophic expenses of illness or accident."

DR. PARROTT warned against legislating revolutionary changes in health care delivery. He urged that innovations be tried on an experimental scale instead.

"THE AMERICAN medical-health care system needs something more than a poultice, but something less than a burial," he said.

"THE AMA believes we can bring about needed improvements without gambling on a whole new medical-health care system whose effects and effectiveness are unpredictable. . . . The American doctor is sincerely concerned over the prospect of any sudden, single, massive unevaluated experiment which would cast all 200 million Americans in the role of the guinea pig."

DR. PARROTT also testified that many health problems would respond best to programs that are not purely medical.

"OUR fat standard of living creates health problems," he said. "We ride in cars when we should be on a bicycle or on foot. We overeat. We overdrink. We smoke cigarettes. This affluent life style relates directly to the accident rate, the principal killer up to middle age, and to heart diseases, the principal killer after middle age."

Continued

SPEAKING as a practicing obstetrician, Dr. Parrott pointed out that infant mortality rates in this country are not entirely a medical problem. They are linked closely to malnutrition and other conditions of poverty, particularly in urban ghettos, he said.

"IF we could create a board program that would bring dignity into the lives of people in our slums, if we could create a world every mother wanted to bring her child into, that would do more to improve infant mortality than a hundred Mayo clinics," he said.

SENATE TOLD NEW RURAL HEALTH PROGRAMS NEEDED

THE CHAIRMAN of the AMA's Council on Rural Health told the Senate Health Subcommittee that a variety of new health programs are needed to solve the problems of health care in rural communities.

THE AMA spokesman, Leopold J. Snyder, M.D., Fresno, Calif., said some of the new programs already are being tried.

"EXPERIENCE indicates that no one approach will solve the health needs of every community. Any attempt to find single causes for these health problems, or simple solutions to them, is bound to result in total frustration.

"WHILE medical solutions are being sought, we believe that the root causes to these problems—largely socio-economic in character—should be identified and resolved."

DR. SNYDER explained to the subcommittee that while large segments of people in rural communities have access to quality health care, there are still large segments which do not.

"IN SOME INSTANCES," he said, "these people live in remote localities, far from the nearest health center. In other cases, their lack of adequate health service can be attributed to reasons of economics, immobility, cultural attitudes, and a host of other causes.

"WHATEVER the reason, the American Medical Association believes every person should have access to adequate health care, whether he lives in a city, or some remote rural region, regardless of his economic circumstances.

"DOCTORS are aware of the need for better health care in rural communities. Together with other groups and organizations, we are actively developing new approaches to the problems."

AMONG the new programs under study by the AMA, he said, are:

—IN Seattle, the University of Washington is providing former medical corpsmen with a three-month refresher course on civilian medical procedures. Upon completion of the course, these former medics are sent to physicians across the state, who have agreed to act as their preceptors, and to employ them after 12 months of on-the-job experience. Some of these men are already on the job, mostly in rural communities. This Medex Program, as it is called, is supported by the Washington State Medical Association and its Education and Research Foundation, as well as the AMA's Council on Rural Health.

—IN Lawrence County, Ala., another project also involves the services of former medical corpsmen. In this Appalachian area, there are only six physicians to serve a population of 30,000. Basically, the project has two modes of patient contact—a family care unit and "out-reach" teams. The out-reach teams introduce families to the community health service personnel, who can then begin the history-taking process and refer the family to the family care unit.

Continued

—IN southern Monterey County, Calif., a small population is increased to 23,000 by a seasonal influx of migrant farm workers. A group of 10 physicians and 80 supporting ancillary staff members have undertaken to provide medical care to all eligible residents, including migrant farm workers. Patients are cared for in the same facilities, by the same medical staff that serves the self-sustaining members of the community. Transportation—including a van, equipped for wheelchair patients—serves the entire project area. Grantee for the project is the Monterey County Medical Society with funds from the Office of Economic Opportunity.

—ANOTHER significant approach may soon be attempted in the wilderness of southwestern New Mexico. This is a 50,000 square mile region of high mountain ranges and portions of the Chihuahua and Sonora Deserts. Some 95,000 inhabitants of the region are served by only three physicians.

THE PROGRAM here calls for a central health center and a series of remote health stations. The stations will be staffed by persons trained in health care, but not as highly trained as a physician. They will be equipped with sensors, similar to those used by the National Aeronautics and Space Administration to monitor the health of the astronauts. Thus, a patient visiting one of the remote health stations will have attached to himself the electronic sensors, which will transmit heartbeat, respiration, blood pressure and other vital data to the computer-controlled center, where a physician would monitor the symptoms and advise the allied health staffer by radio.

NIXON ORDERS POLICY ON ABORTIONS IN MILITARY HOSPITALS CHANGED

PRESIDENT NIXON, saying that he personally opposes abortions as "an unacceptable form of population control," rescinded a Pentagon order liberalizing the policy on abortions in military hospitals.

HIS statement on abortion, issued at the Western White House at San Clemente, California, said:

HISTORICALLY, laws regulating abortion in the United States have been the province of states, not the Federal Government. That remains the situation today, as one state after another takes up this question, debates it and decides it. That is where the decisions should be made.

PARTLY, for that reason, I have directed that the policy on abortions at American military bases in the United States be made to correspond with the laws of the states where those bases are located. If the laws in a particular state restrict abortions, the rule at the military base hospitals are to correspond to that law.

THE EFFECT of this directive is to reverse service regulations issued last summer which had liberalized the rules on abortions at military hospitals. The new ruling supersedes this and has been put into effect by the Secretary of Defense.

BUT while this matter is being debated in state capitals, and weighed by various courts, the country has a right to know my personal views.

Continued

Continued

FROM personal and religious beliefs I consider abortions an unacceptable form of population control. Further, unrestricted abortion policies, or abortion on demand, I cannot square with my personal belief in the sanctity of human life—including the life of the yet unborn. For, surely, the unborn have rights also, recognized in law, recognized even in principles expounded by the United Nations.

OURS IS A NATION with a Judeo-Christian heritage. It is also a nation with serious social problems—problems of malnutrition, of broken homes, of poverty and of delinquency. But none of these problems justifies such a solution.

A GOOD and generous people will not opt, in my view, for this kind of alternative to its social dilemmas. Rather, it will open its hearts and homes to the unwanted children of its own, as it has done for the unwanted millions of other lands.

NEW MEDICAID REGULATIONS ISSUED

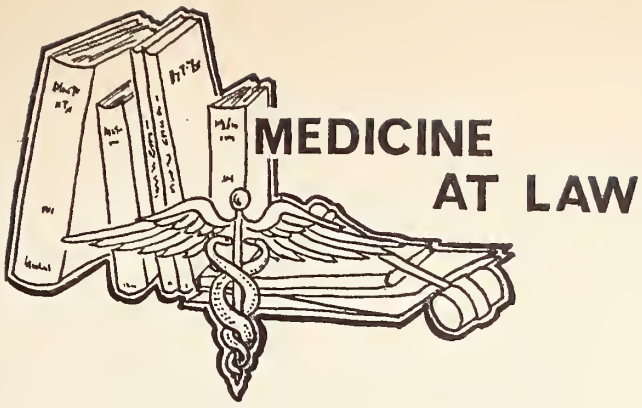
NEW GOVERNMENT regulations for Medicaid include a requirement that the physician certify a patient's continuing need for inpatient care on or before the 12th day of hospitalization and again no later than the 18th day.

OTHER final regulations issued by the Department of Health, Education and Welfare give the Internal Revenue Service more power to police income earned under the Medicaid program. States must file annual information returns showing aggregate amounts paid to providers of services identified by name, address and social security number or employer number.

HEW OFFICIALS said the new regulations on hospitalization certification are expected to reduce Medicaid expenditures by cutting down on the time spent by patients in hospitals.

"EXPERIENCE with Medicare has shown that requiring certification or recertification by physicians reduces hospital stays significantly," John Twiname, administrator of HEW's Social and Rehabilitation service, said. "Applying this requirement to Medicaid can cut its costs without lowering the quality of care."

INPATIENT hospital costs have been accounting for about 40 percent of total Medicaid expenditures, or about 1.9 billion dollars in the fiscal year 1970.



Unlawful Prescription of Narcotics by a Physician—Prescribing narcotics to strangers without performing a physical examination or taking a medical history cannot be considered as prescribing drugs in the regular course of legitimate professional activity, a Maryland appellate court ruled.

A former drug addict was acting in cooperation with the police department. She had previously been seeing a physician at least once a week. She introduced a cadet policeman, posing as a drug addict, to this physician.

When the policeman asked the physican for a prescription for methadone, the physician wrote the prescription without examining him. The policeman then requested a prescription for Seconal. The physican, after asking only for the policeman's name and address, wrote a prescription for 20 Seconal tablets. The physician warned him that he might have to start taking urine tests, as people were beginning to "tighten down on him." The physician said that he would perform such a test about once a week, "just to make it look good." No urine test or examination was ever made.

Later, the policeman met the physician in the driveway in front of his office. There the physician wrote prescriptions for methadone and Seconal, and was paid $10. No question was ever asked relating to the patient's condition. The physician only asked the policeman how many tablets he should prescribe.

At the trial, the former addict testified that she was never examined on any of her visits to the physician. An expert witness for the state testified that the physician's conduct was extremely poor medical practice.

The physician was convicted of prescribing narcotics in a manner not authorized by the state narcotic drug act.

On appeal, the court held that there was ample testimony to convict the physician. His allegedly professional conduct fell so far short of minimum standards of diagnosis, treatment, and care that it was a mere subterfuge, the court ruled.—*Coolahan v. State of Maryland,* 270 A.2d 669 (Md. Ct. of Special App., Nov. 10, 1970).

Failure of Incision to Heal not Fault of Surgeon—A 28-year-old manufacturer's representative lost a suit against a physician who allegedly failed to close properly an abdominal incision after a gallbladder removal. The patient claimed that complete evisceration occurred when the skin sutures were taken out. He alleged that, as a result of the physician's negligence, additional surgery was required to close the wound and that a hernia later developed.

The physician contended that he had used a standard technique of suturing. He said that the way in which a wound heals is unpredictable.—*House v. Hill* (Cal.Super. Ct., Contra Costa Co., Docket No. R11937, 1970).

Physician not Liable for Failure to Diagnose Cancer—In a suit by a son to recover for the death of his father, a California jury found that a physician was not negligent in failing to diagnose a cancerous tumor.

The father consulted the physician in July and August of 1964 because he was having stomach difficulties. The son contended that if the physician had conducted proper tests, he would have been able to diagnose and remove the cancerous tumor, which caused the patient's death seven months later.

The physician testified that in August of 1964, the tumor could not have been detected. He said that an X-ray film showed only a filling defect of the stomach, which was caused by extrinsic pressure from the left lobe of the liver.—*Roberts v. Kaiser Foundation Hospital* (Cal. Super. Ct., San Francisco Co., Docket No. 565988, 1970).

Physician not Liable for Negligence of Hospital Nurse—A physician who enters orders in a hospital record authorizing the injection of a drug is not liable for the negligent administration of the drug by a hospital nurse, the highest court of Missouri ruled.

The hospital was also relieved of liability. In the case of the hospital, the doctrine of charitable immunity was applied.

After surgery on a patient hospitalized for a hemorrhoidectomy, his physician entered orders in the hospital record authorizing intramuscular injections of Demerol. The following evening the patient requested something for pain. A hospital nurse gave him an injection of Demerol. She administered the injection in the lower portion of his left arm between the elbow and shoulder.

Continued on page 382.

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Clark, F., and Horn, D. B.: Assessment of thyroid function by the combined use of the serum protein-bound iodine and resin uptake of ^{131}I-triiodothyronine, J. Clin. Endocrinol. 25:39 (Jan.) 1965.

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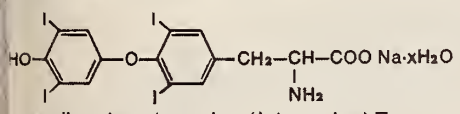
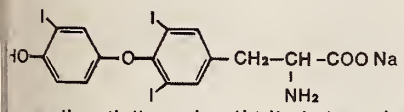


sodium levothyroxine (*l*-thyroxine) T_4



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Actions: Euthroid provides replacement therapy for the thyroactive material normally supplied by the human thyroid. The normal thyroid gland produces and stores thyroglobulin, the active components of which are two metabolically active hormones: *l*-thyroxine and liothyronine. Euthroid (liotrix) provides a combination of these hormones in purified, synthetic form, supplied in a constant 4:1 ratio in order to simulate as closely as possible the physiologic and metabolic effects of normal endogenous thyroid secretions.

In contrast with the individual synthetic, metabolically active hormones, Euthroid will usually produce normal results for PBI, T_3, and other thyroid function tests—consistent with clinical progress—when persons with endogenous thyroid deficiencies are made euthyroid. Sodium liothyronine (T_3) acts more rapidly and for a shorter period of time than preparations of biological origin. Customarily, its use as a single agent produces inappropriately decreased PBI values. Sodium levothyroxine (T_4), on the other hand, is more tightly bound by plasma protein fractions and is somewhat slower acting than sodium liothyronine (T_3); its use as a single agent tends to produce inappropriately elevated PBI values. Euthroid, with its unvarying 4:1 ratio of T_4/T_3, permits interpretation of appropriate laboratory tests consistent with the total clinical status of the patient.

Indications: Euthroid (liotrix) provides thyroid replacement therapy in all conditions of inadequate production of thyroid hormones, namely:

1) Hypothyroidism, including cretinism and myxedema.
2) Simple (nontoxic) goiter.
3) Subacute or chronic thyroiditis including Hashimoto's disease.
4) Prevention of goiter in hyperthyroid patients undergoing treatment with thiouracil derivatives.
5) Usage in patients who may manifest intolerance to thyroid products of animal origin.

Contraindications: Acute myocardial infarction, adrenal insufficiency, hypersensitivity to any component of this drug.

Warnings: Liotrix should not be used in the presence of cardiovascular disease unless thyroid replacement therapy is clearly indicated. If the latter exists, low doses should be instituted (Euthroid-1/2 or Euthroid-1) and increased by the same amount in increments at 2-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out and adrenal deficiency due to hypopituitarism corrected before liotrix therapy is started.

If hypothyroidism and adrenal insufficiency exist concomitantly, cortisone or similar steroids should be given at dose levels sufficient to correct the adrenal insufficiency before attempting replacement therapy with thyroid hormones.

Likewise, the possibility of alterations in the prothrombin time must be considered and closely monitored in patients on anticoagulant therapy.

Myxedematous patients are very sensitive to thyroid hormones, and dosage should be started at a very low level and increased gradually.

Precautions: Hypothyroid patients are especially sensitive to thyroid preparations, and those with severe hypothyroidism may be unusually so.

Initiation of thyroid replacement therapy in patients with diabetes must be carefully monitored because of potential fluctuation in daily insulin or oral hypoglycemic requirements.

As with all thyroid preparations, this drug will alter the results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage of thyroid preparations can produce signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Initial dosage should be low and gradually increased at 2-week intervals until the desired clinical response is obtained.

Laboratory criteria of euthyroidism include a PBI of 3.5 to 8 mcg; T_3, T_4, and BEI tests are useful.

For most patients, a single daily dose of Euthroid-1, -2, or -3 will maintain euthyroidism. Transfer of a patient from a maintenance dose of another thyroid preparation to Euthroid can usually be effected smoothly. See table for initiating therapy or converting from other thyroid preparations.

Euthroid (liotrix)	Approximate Equivalents Natural	Synthetic	
Tablet	T_4*/T_3** mcg	Thyroid USP	T_4*	T_3**
Euthroid-½ pale orange	(30/7.5)	½ grain	.05 mg	12.5 mcg
Euthroid-1 light brown	(60/15)	1 grain	.1 mg	25.0 mcg
Euthroid-2 violet	(120/30)	2 grains	.2 mg	50.0 mcg
Euthroid-3 gray	(180/45)	3 grains	.3 mg	75.0 mcg

*T_4=sodium levothyroxine (*l*-thyroxine)
**T_3=sodium liothyronine (*l*-triiodothyronine)

Dosage for cretinism or severe hypothyroidism in children is the same as for adults with myxedema. Eventual maintenance dosage in the growing child may be higher than in the adult.

Overdosage: *Symptoms*—Headache, instability, nervousness, sweating, tachycardia, and unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm; chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

Treatment—Shock—Supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.

Supplied: Square W/C monogrammed tablets of four potencies, each identified by a different color (see table); bottles of 100 and 1000.

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The patient immediately lost all sensation in his hand. When he told the nurse, she rubbed his hand and assured him that he would be all right. Three hospitalizations and two operations were required to correct the condition of his hand and arm.

The patient filed a lawsuit against the physician, the physician's associates, and the hospital. The patient did not claim that the physician was negligent in prescribing injections of Demerol. Instead, he contended that the nurse negligently administered the injection and that the physician was liable for her negligence as his "borrowed servant."

At the trial, a neurological surgeon, a neurologist, and another physician testified that the needle should have been injected into the muscular area near the shoulder. They said that the injection in the lower third of the upper arm had caused the injury.

The trial court entered summary judgment in favor of the hospital and directed a verdict in favor of the physicians.

On appeal, the patient again claimed that the nurse was acting as the "borrowed servant" of the physician. As such, he argued, the physician was liable for her negligence. The patient also argued that the trial court erred in applying the doctrine of charitable immunity to the hospital. He noted that, after the date of his injury, the court had abolished the doctrine of charitable immunity.

Affirming the decisions of the trial court, the appellate court pointed out that the physician's orders were not specifically directed to the nurse. The orders were only entered on the hospital record.

A physician is generally not liable for the negligence of a hospital nurse, the court said. The "borrowed servant" doctrine applies only when a hospital nurse is acting under the direct and personal control of the physician or when the physician knew or should have known that the nurses were incompetent, the court held. Since these circumstances were not present, the court ruled that it was proper not to apply the "borrowed servant" doctrine.

The summary judgment in favor of the hospital was also affirmed. The doctrine of charitable immunity was abolished after the nurse's negligent act, the court noted. When it abolished the doctrine, the court held that its decision would affect only cases arising after the date of the decision. In the present case, the court said that the patient had not presented any arguments which would cause it to change that ruling.—*Burns v. Owens*, 459 S.W.2d 303 (Mo. Sup. Ct., Nov. 9, 1970). ◀

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From the President's Desk

Indiana's medical community is concerned about the growing misuse and abuse of drugs.

And well it should be.

Have you had prescription blanks stolen from your office? How many of you know the housewife who will call several doctors for "diet pills" and go to different drug stores to get the prescriptions as a ruse to get an oversupply of the drug to maintain her "high"?

How many calls have you had to the hospital emergency room to care for someone who was experimenting and had taken an overdose of "uppers" or "downers" or other substance?

This issue of the JOURNAL is something of a departure, in that it deals almost exclusively with the drug problem and what is being done about it throughout the state by county societies and individual physicians, along with some philosophy behind the drug problem.

It is heartening to find so many county societies and individual physicians taking the lead in their communities in helping to combat what many call a "people problem" rather than a "drug problem."

We hope that this issue will help all societies with some ideas and approaches on what is fast becoming a top priority medical problem throughout the state and nation.

I believe that the individual doctors and the societies should become more involved in their communities in drug abuse education.

There are a number of things that can be done:

1. Realize that drugs do flow in your community

   Don't panic!

   Don't moralize!

   Don't preach!

2. Know the facts about drug abuse; facts dispel fear.

3. Participate and/or cooperate in community programs, both school and adult.

4. Promote use of ISMA 1970 Hoosier Teen Health Happening films & audiotapes; use AMA materials & pamphlets, too.

5. Promote a central drug committee and provide a confidential phone by which one of its members can be reached.

6. Work with pharmacists to control multiple prescriptions to one person.

7. Take the lead whenever possible in drug education to show the community that its doctors care.

The problem is a big one and growing bigger, but I sincerely believe that it is not insurmountable and can be turned around.

A concerned parent and physician,

M. O. Scamahorn, MD

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Supervised by THE COUNCIL

Volume 64 — May 1971 — Number 5

John M. Records, M.D., Franklin, is one of several physicians in the state who have been active in drug abuse education. The Journal herewith presents the text of one of Dr. Record's presentations.

Some Conclusions from and Answers to Our Chemical 'Cop-Out' and Social 'Drop-Out' Problem

JOHN M. RECORDS, M.D.

Franklin

I want to say that I don't have THE answer to this hopefully only impending—but I'm afraid present and immediate problem—of drug misuse this country has. There is no ONE answer or solution. There is no ONE cause. I've been associated with a Drug Abuse program for over two years, and have come to certain medically and socially based conclusions that I want to share with you all, whether parents, educators, students or young people.

Let me tell you there is such a wealth of information about this national disgrace that to try to encompass it all would be impossible. For this reason I've outlined a specific and significant set of ideas that can, I hope, be helpful not only to physicians, but to everyone.

Everyone asks, "Why drug abuse?" I say, "Why not!" No one has ever prepared our young the way they need to be prepared for this threat. Why no preparation? I feel the present drug abuse threat caught us with our pants down! Our generation was content to feel our juniors wouldn't become involved because we didn't or wouldn't abuse drugs. Why didn't we adults? It was and is simply against the law. This, unfortunately, "cuts no ice" with these all-knowing, loving, searching experimentalists. So, why drug abuse? It's NOT all rebellion, doing your own thing, wanting security socially, disinterested parents, brotherhood, anti-establishmentarianism, stupidity, escape or expanding the mind. It's not altogether curiosity, idleness, permissiveness, knowing one's self, lack of mature judgment, disenchantment, lack of knowledge of the inherent dangers, or over-parental and environmental indulgence. All these above "etiological agents and ills" have been incriminated and I suppose enter into the one main conclusion about drug abuse causation to which I've come.

Peer influence gets all people, kids, students, AND children. Yes, children, too, make that commitment toward drug abuse. Big Brother or Sister, Your Date, Big Wheel on Campus, Servicemen, "Friends," highly respected "authorities," peer group 'junkies' are constantly pushing, urging, and playing it up. If this beginning theory is accepted as I feel it has to be, we MUST then, as you can see, prepare EVERYONE against future involvement with the drug scene. We are a drug using society and I am part of a great and judicious drug prescribing profession. Pill taking must be presented in the proper perspective with

knowledge of drugs and their actions paramount.

What type of drug abuse problem do we have? I've found that it varies with locale and age group. You would be surprised to learn how available everything is and at what low prices everything can be purchased. It can touch any family now, not just the under-privileged. The gamut runs from glue and chemical solvent-sniffing pre-teens, to pill popping teenagers, to high school pot, upper and downer parties, to college hallucinogen abuse. Heroin abuse and QUICK dependence in large urban areas encompasses all the age groups. Yes, even the pre-teens. It's sometimes quite hard to determine exactly what situation exists in each community because of inaccurate information. It's then easiest and BEST to conclude that the drug abuse problem probably exists or at least is coming.

Now, where to start tackling the problem? For the previously outlined conclusions of peer influence and availability, I know it is never too early to start your educational process toward respect of drugs and actions of, especially, the harmful ones. My suggestion is to start at the fifth and sixth grade level of our children's educational system. It's not as hard here as you would imagine to formulate strong attitudes against drug abuse. The Kiwanis International Operation Drug Alert comic book fits this need to a T, and has been implemented in Johnson County.

Junior high and high school levels need movies, talks, informed and interested faculties, pamphlets and TV spots directed at them; but primarily an opportunity to question well-versed authorities along with straight previous drug abusers. The voluminous wealth of information here can overload and blot out the interest level of any group if presented too rapidly or improperly. Parents also need authoritative and understandable information which they can pass along to their children by discussion. They can learn by listening to these young people.

Are the college set and our up-to-twenty-five year olds amenable to any restraint toward drug abuse? I have the feeling most are not. Shocked? Well, you should be! We will lose a lot of them in their almost fanatic worship of and experimentation with joints and grass, acid, speed, horse, and sedatives. So how do we approach these anything-has-to-be-proven-to-me factualists? How do we turn them off wanting to be turned on? How do you get through all that long hair to common ground? How do you convince an immature young person that social security and social acceptance can be gained only through emotional and intellectual maturity, not by synthetically producing it with drugs and chemicals.

Everything I've said to this point is probably not really any revelation to you but is necessary to lead into just a few really important points you can easily remember and use to combat and answer the drug abuse problem. A psychological, appeal to reason, factual rationale will be readily accepted by high schoolers and hopefully tolerated by the in-crowd on campus. What is this rationale?

Most healthy young people see through the flimsy logic and senseless gambits of the drug appeal when the FACTS are presented honestly in an acceptable way.

First, we don't plead for abstinence in order to deny youth any pleasure, but rather because it introduces immature young people into a drug abuse oriented segment of society. There are too many other worthwhile things to be done; besides, it's the wrong time to be copping out and producing illusions of a perfect world. It's the wrong time to be heightening one's senses beyond reality or becoming abnormally introspective. These youngsters haven't had or accepted enough guidance, realistic experiences or situations to establish any relative value scale and standards. When most youths try to look into themselves they draw a blank, because they haven't established any stable id, ego, or superego that they can be introspective about. This heightens multiple frustrations that are probably making this person turn to drugs in the first place.

Second, I think you'll all agree that all the teenage years, and in some youngsters longer, are required to stabilize and develop the mental mechanisms that help control a person throughout his future years in the face of stress of many kinds. If this youngster or young adult is chemically producing unrealistic feelings and kicks, as well as a distorted picture of life — as it realistically isn't, he or she is not allowing this normal teenage psychological maturing process to develop.

Third, and again so important, is the fact that an immature person cannot recognize many of the "hangups" that he or she may have. He or she can't even tell whether or when he or she is mature. I feel everyone has neuroses and many people have psychoses and are successful both in spite of and because of them. But these neuroses and psychoses are handled in most adults quite capably by the mental mechanisms — i.e., repression, regression, projection, rationalization, suppression, introjection, compensation, reaction formation, sublimation, denial, identification and isolation. Without mature mental mechanisms, more than one emotionally, precariously perched immature person has been pushed over the brink of neurosis to psychosis by drug abuse because of the release of minimally functioning stabilizing factors. Medical science has revealed that strong percents of the active ingredients of marijuana pro-

duces psychotic (insane) behavior in certain character patterns.

Fourth, wether they like it or not, drug abusers have to live in society. Even LSD colonists can't remain out of touch. Everyone would like to turn on contentment and turn off discomfort at will — drug abusers think they can. They are so wrapped up within themselves and their real unrealisms that they forget the facts of life, human and otherwise, cannot be changed with an injection or swallow. So returning from their subculture drug-culture-reference-point-of-view to a comparatively cold and mundane world after intoxication can be at least discouraging and depressing — easily enough to shatter any remaining emotional stability.

Fifth, if any person does become dependent upon drugs because of insidious, probably unrecognizable, psychological abnormalities he or she has, this person won't get anything else done but thinking of or taking his next trip. He won't fulfill any ambition he might have (it gets lost, honestly). He won't reach any goals he has set (goals seem like silly games —i.e., the husband-wife game, teacher-pupil-school game, the 9-to-5 office game, the cold-war game, the one's-own-property game). He won't accomplish any of the things he once felt capable of doing. He becomes a social dropout, no longer a part of society.

Sixth, I tell the young person of today that if he or she doesn't like the world the way it is and they are chemically copping out because of it, they are never going to make any changes in it by seeing illusion and hallucinations of a perfect world. I advise them not to escape from the world but to work to change it. I try to instill in young people the idea that a person who thinks he or she would like to experiment with any drug to "see what it could do to me or what it would be like" is exactly the one who *shouldn't* because he or she should be able to answer that question himself or herself IF psychologically sound and mature.

Lastly, the medical profession has in its journals weekly more and more information relating to the dangers of drug abuse from not just the psychological or emotional standpoint alluded to above but to actual physical bodily damage, especially to brain cells, chromosomes and genes. Much long past due and necessary research is being done that will give us some answers. Factually, 85% hard drug users began on marijuana. It is possible that LSD or marijuana may even some day be more widely used in psychiatric disturbances. But medical science does know that almost all present marijuana abuse is with quite low percentage of Delta - 9 tetrahydrocanabinol (Indiana Maryjane 2%) making it relatively quite weak (Afghanistan red 4%, Thailand 5.5%, hashish 15% to 50%).

Now thin layer chromatography can easily identify THC. Furthermore, slightly more sophisticated organic chemistry laboratory procedure can extract and synthesize 98% pure active THC.

Since most people haven't been exposed to high percentage grass, we don't know the exact effects strong marijuana has. I can say large segments of Mid-Eastern nations where hashish abuse is tolerated have become interestingly inactive and nonproductive.

Dr. Robert Forney, state toxicologist for Indiana, has shown with controlled research that one to two marijuana joints produce feelings of underconfidence, seem to have an accumulative effect, grossly distort depth perception, cause error scores and impairment on tests that three to six beers can cause. Added together, alcohol and grass work synergistically potentiating each other, increasing impairment markedly.

But, in the meantime, I say that the fact that we don't know to what extent these drugs are truly HARMFUL doesn't make it follow that they are HARMLESS. I say "Are you, young people of this country, willing to take that chance?"

In closing, I can get most young moderns, especially the existentialists, to agree to the following editorial from the *Haight-Ashbury Free Press*:

"If doing your own thing involves vegatating or becoming so dependent on any stimulant (booze, drugs, religion) that you are unable to function as a human being, then it appears that someone, somehow, should have a right to restrain you. We would not like to have the job. We would not like to say when you have gone too far. Doing your thing should be considered as a contribution to the welfare of yourself and your fellow man. If it does not do either of these it would appear to be a 'bummer'!

"The time in history has come to make the decision as to what we want to do with cannabis, junk, uppers, downers, acid, and booze. As we do, it might be well to remember that, while drugs can offer us escape through illusion and give us pleasure through euphoria, there is only one way of life that can give us happiness: Facing, living in, and coping with REALITY on our own without a pharmacologic crutch. If we come to the point where we cannot do this, the battle is done and drug abuse WILL be the winner."

I make it clear that I "stand pat" against drug abuse, but we have to leave the final choice of involvement in the drug scene with the individual youth. It's natural for young people to experiment with many things, to question, to want to know, to examine. But if this individual youngster is capable of making intelligent decisions about his choice of involvement based on the facts of the sinister drug abuse danger, he or she may well avoid this dangerous type of experimenting.

Also, if he and she can genuinely appreciate the many valuable attributes of this fantastic world about us, they are not likely to think about trading real living for kicks, highs, or chemical cop-outs—now or in the future.

And, finally, achievement clearly affords a better and far safer euphoria (or "high") than synthetic drugs. ◀

198 E. Jefferson St.,
Franklin 46131

What One Can Do

One person, informed, authoritative, sincere and—most important—interested, can go a long way in helping attack the growing threat of drug misuse and abuse in their community.

I, as President of the Johnson County Medical Society, have represented both the medical profession and the Kiwanis International's "Operation Drug Alert" program. The latter is a major source and, I like to think, a most effective way of presenting information necessary to keep this forever-experimenting young generation from making a commitment toward drug abuse.

Initially I studied all the information I could get my hands on (Medical Center library was most helpful). But most important, my wife and I spent some bit of time analyzing and 'identifying' with young people and their thoughts—i.e., local college students, drug users, hippie movies, rock festivals, fraternity and sorority opinions. I might add, I've never tried or experimented (as I'm often asked) with any of the things that have become popular with kids today.

After becoming informed adequately (I'm still learning), I started presenting speeches from the Woman's Medical Auxiliary packet on Drug Abuse until I started preparing my own material. I felt the schools would be, and found out that they were, full of captive audiences who wanted and needed to know the facts; so to date I've spoken to every junior high school student in the six county school corporations and most freshman and sophomores in three schools. The presentation, well-accepted the educators attending say, is always followed by a long question-and-answer period. One would be amazed to hear some of the queries. A fact (self-explanatory) sheet is also handed out to be used back in home room or health class.

Presenting satisfactory in-service training programs to the faculties of junior and senior high schools with answers the teachers can employ is desperately needed. Hopefully this can be expanded into more than just the three so far in Johnson County. Also, anyone can give the local school corporation a movie ("Drugs and the Nervous System," a Churchill film) of which I think highly and this has been done by our local Kiwanis Club. Furthermore, an applicable comic book, "What if They Call Me Chicken," by Kiwanis International can be given to children in fifth and sixth grades (implemented in our county).

Speaking engagements to anyone who asks can alert and inform parents and grandparents and does present the problem in the proper perspective. So far I've hit the five men's service clubs, five service sororities, four youth groups, two medical societies, seven church congregations, three PTA groups and, very important, many of my college age and senior high school patients.

I've also recorded three half-hour radio programs and participated in one panel-talk show for our local radio station, WIFN, Franklin. Copies of these tapes have been made for distribution by our Kiwanis District office in Shelbyville to other clubs for use in their Operation Drug Alert program. I've made spot radio announcements offering free packets of drug information pamphlets selected by me to interested people in the community. Five hundred packets will have been distributed by the time this article is published. Four drug-related published newspaper articles have been supplied our local daily paper and printed. All the above effort has been accomplished over the past eighteen months.

I can't prove or even say my honest presentation of the facts will pay dividends; time will tell. But we can't fold our hands while we wait to see what time will tell. Immediately, if not sooner, this approach or some variation of it has to be applied properly. We as medical men have to throw our hats in the ring.

In the long run the educators will be the ultimate answer to this more-than-just-a-fad national disgrace.

In the meantime, I'm sad to say, we're going to lose a lot of fine people in their almost fanatic rush to experiment with drugs. Your help (just three to four hours a week) in any way you can could save some of these young people from ruin. Even one, I feel, would be worth all my time spent.—**John M. Records, M.D., Franklin.**

Suggested material:

1. *Woman's Auxiliary Drug Abuse packet material, bibliography and speeches.*
2. *Movies*
   a. *"Drugs and the Nervous System," Indiana State Board of Health and Churchill Films, 662 N. Robertson Blvd., Los Angeles, Calif. 90059.*
   b. *Three Blue Cross-Blue Shield movies, Max Truby, 800-382-1600.*
   c. *Films and tapes from "Hoosier Teen Health Happening," Indiana State Medical Association and/or Indiana State Board of Health (excellent).*
   d. *"It Takes a Lot of Help" by Kemper Insurance, distributed through Modern Talking Picture Service, 115 E. Michigan, Indianapolis.*
3. *Former drug abusers.*
4. *Pamphlets*
   a. *Blue Cross/Blue Shield publication, "Drug Abuse: The Chemical Cop-Out" (best).*
   b. *"Federal Source Book — Questions and Answers to Some of the Most Frequently Asked Questions About Drug Abuse" (good).*
   c. *AMA's "The Crutch That Cripples" Drug Dependence.*
   d. *"The Up and Down Drugs," U. S. Dept. of Health, Education, and Welfare.*
5. *Seminars and scientific sessions — many now from many sources — just watch your mail.*
6. *This Indiana State Medical Association Journal.* ◀

From *The Journal* 50 Years Ago

Think of the great army of American constipation! The vast majority of these innumerable hosts are women—devotees at the shrine of aloes and cascara. But do even these efficacious remedies work a cure? Let us rather say they establish a habit. If complete relief is to be enjoyed it must come chiefly through the proper application of physiotherapy—copious water ingestion, coarse, bulk-forming and succulent foods, which are both exercising and scouring to the intestines; and that form of bodily exercise which brings the abdominal muscles into frequent and prolonged activity. True, it is difficult to combat the social customs of modern times, the tendency of American women of the so-called upper classes to physical idleness and enervating pursuits. The easy and lucrative way for the profession is to fall in line with indolent habits, the pink teas, card clubs and whirl of social engagements with their irregular hours and excesses—and continue to prescribe laxatives as a routine. A larger, more wholesome and more permanent service would be rendered the individual and the community by insistently inculcating the doctrine, and following it to execution, of more active participation in the physical labor of the household; of more frequent open-air recreations which develop the muscular system, stimulate pride in physical accomplishments; or better still where possible the cultivation of growing things —flowers, shrubs, fruits, vegetables, etc. More difficult let us admit, is the execution of such a program, than the writing of a prescription. . . . Frank B. Wynn, Indianapolis. "The Failure of Modern Medicine to Properly Evaluate Physiotherapy," *JISMA*, May 1921.

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CERTIFIED BY GOLD SEAL TRAVEL TRAILER STANDARDS THE CRAFTSMEN'S GUILD

Most of the work in drug abuse education has been initiated by teachers and other concerned adult professionals. In Richmond, however, young people took the lead. Dr. Franklin E. Hagie, a Richmond general practitioner, tells of the Richmond program and its several parts.

Young People Initiate Richmond Drug Council

FRANK E. HAGIE, M.D.
Richmond

RICHMOND ended its winter hibernation in March 1970 with the numbing realization that drug abuse was here and now. A group of concerned young people formed a loose alliance and called themselves the Community Drug Assistance Council (CDAC). Several adults were enlisted and soon became deeply involved.

The community was introduced to the scope of the local drug problem by the release of a high school survey completed in June by the CDAC. (See tabulation on next page.)

Now a year has elapsed. We are older and wiser. The drug problem is still here and now. As one high school student says about drugs, "They are 'in' this year and more available than ever."

Our community has responded to the challenge of drug abuse in many ways:

1. The CDAC now has 80 members, mostly high school students. Its center consists of five "rap" groups, each with an adult advisor, where discussions center around the various drugs, parent-child relationships or legal problems. The Council meets twice monthly in a local church. The meetings are informal and lively.

2. A three-session educational program was sponsored by the Wayne County Health Department, the Probation office and the CDAC. This was a symposium on drug abuse, with speeches by the county prosecutor, a local minister, a psychiatric social worker, a physician, the school physical education director and a police sergeant—in other words, a pooling of ideas. About 400 people attended the seminars.

3. In addition to the above, members of the CDAC themselves have given over 100 speeches on drug abuse locally.

4. The CDAC has built a large 7 x 16 foot lighted display board. It was initially shown at the 1970 County 4-H Fair and in area schools since. It is filled with numerous articles and pamphlets. Thousands of young people have seen the pictures of dead rock singers—dead from drug overdose.

5. A few local physicians are accepting the challenge and seeing drug abuse patients in their offices for guidance and methadone therapy where applicable.

6. Our area-wide poster contest for school students was held in fall 1970. Sixty-five posters were submitted. Winners were given record certificates. The winning poster (see cover) was extremely well done. Funds for the various programs of the CDAC are furnished by local physicians—some $400 thus far.

7. The county prosecutor has stated that he will not bring charges of drug abuse against people who are admitted to our hospital for treatment of drug induced medical problems.

8. A 4-H program on drug abuse has been started.

9. Several members of the local chapter of Alcoholics Anonymous have started a Drugs Anonymous chapter. The meetings are held weekly, are not publicized and are conducted along the AA lines. This approach has merit and is attracting interest.

Drug abuse is part of our culture in Richmond. It cannot be ignored. Legislation and law enforcement have little effect on the problem.

Our local program is maturing. We have evaluated the problems through the questionnaire and our education is never-ending. We now have several approaches available for

handling drug abuse, including the CDAC, Drugs Anonymous, individual assistance by concerned people—ministers, social workers, physicians and high school and junior high counselors. New approaches are continually explored.

The paramount fact is that we are slowly developing a community-wide attitude of caring. ◄

1110 South A St.
Richmond 47374

Final Tabulation of 429 Survey Questionnaires

SURVEY QUESTIONNAIRE

The word "drug" as used in this questionnaire, refers only to those drugs that are obtained illegally and used without medical authorization.

1. Age..... Grade*..... Sex: Male 218 Female 211
2. Has anyone ever offered to give or sell you drugs? Yes 186 No.....
3. Have your friends tried drugs? All 9 Some 259 None 139
4. Do you have easy access to drugs? Yes 171 No.....
5. If you attend parties, dances, etc., are drugs available there? Often 60 Seldom 149 Never 188
6. Have you ever tried marijuana? Yes 71 No.....
7. Would you try marijuana if you had the opportunity? Yes 114 No....
8. Have you ever tried the amphetamine (stimulant) drugs known as "pep pills." "bennies," "speed," "diet pills," etc.? Yes 79 No.....
9. Would you try the amphetamines (stimulants) if you had the opportunity? Yes 56 No.....
10. Have you ever tried barbiturates (sedatives) known as "goof balls," "red devils," "blue heavens," etc.? Yes 32 No.....
11. Would you try the barbiturates (sedatives) if you had the opportunity? Yes 31 No.....
12. Have you tried LSD, commonly referred to as "acid"? Yes 18 No.....
13. Would you try LSD if you had the opportunity? Yes 22 No.....
14. Have you ever tried a narcotic drug such as heroin, morphine, cocaine, etc.? Yes 12 No.....
15. Would you try a narcotic drug if you had the opportunity? Yes 14 No.....
16. Please list the other drugs that you have tried that are not mentioned above. .....
    .....
17. How often do you use drugs? Experimental only, 35— Occasionally, 44— Regularly, 11— Never 316
18. If confidential counseling were available, would you make use of it? Yes 118 No.....

*165, 10th Grade; 141, 11th Grade; 123, 12th Grade.

About Our Cover

Brian Foust, senior at Hagerstown High School, designed the poster used on the cover for this month's *Journal*.

His was the winning poster in the High School Division of a contest sponsored by the Community Drug Assistance Council of Richmond in the fall of 1970.

The key to his design is the optical illusion of the central figure. Brian plans to attend college this fall and pursue art as a hobby.

*Development of a Transplantation Team in Indiana**
Part Three
Section I

The Development of the Tissue Typing Laboratory at Indiana University

ANGENIETA A. BIEGEL, M.D.
RAVA L. STOCK, B.S.**

IN early 1966, a beginning was made when a small area in the Medicine Department of Indiana University was allocated for use toward the development of a laboratory for tissue typing and other immunological procedures. The initial equipment was jointly provided by the University and the Department of Medicine, and later on an additional microscope was received on loan from the Veterans Administration Hospital.

Although a number of technics were published by that time,[6,7,8,9,10,11,12] uniformity was still lacking and many of the details of various tissue typing tests were tried before a reliable and reproducible lymphocytotoxic assay could be used (Figs. 1, 2, 4). Since these technics and their applications are new, a technologist also had to be trained for this work.

First, a reference cell panel was set up, which is constantly being enlarged, where healthy volunteer donors (Medical Center personnel and medical students) repeatedly gave

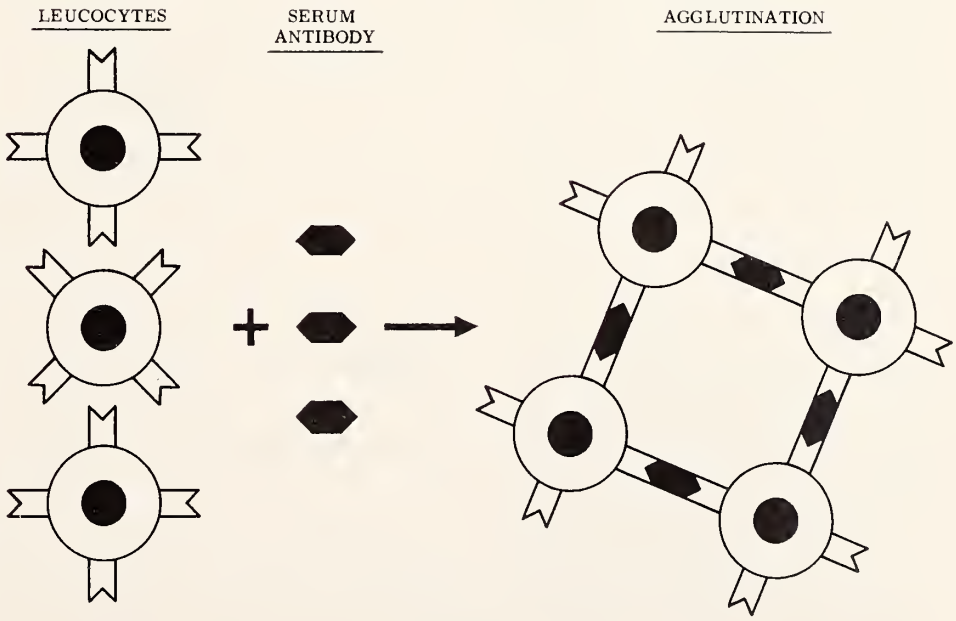

FIGURE 1
LEUKOAGGLUTINATION is a type of histocompatibility testing wherein blood leukocytes from the test subject are incubated with antisera to specific antigens on the cell membrane. Microscopic agglutination is the end-point read. Subjects are matched by similarity of leukocytes response to a panel of many different antisera.

* To be published in three consecutive issues of *The Journal*, "Development of a Transplantation Team in Indiana" is the work of 12 persons connected with the Indiana University Medical Center and the Veterans Administration Hospital at Indianapolis, as follows: Angenieta A. Biegel, M.D., Kent P. Bradley, M.D., Alexander DeQuesada, M.D., John P. Donohue, M.D., Chaplain Albert A. Galloway, John Glover, M.D., Richard J. Hamburger, M.D., Stuart A. Kleit, M.D., Toner M. Overley, M.D., Dana L. Shires, M.D., Rava L. Stock, B.S., and Chaplain John A. Whitesel.

** Supported in part by a grant from the Indiana Heart Association and Marion County Heart Association; also from Public Health Service Research Grant HE-06308, and Public Health Service Research Grant HE-04080, from the National Heart Institute, National Institutes of Health, U. S. Public Health Service, and by U. S. Air Force Contract 33(615)8378.

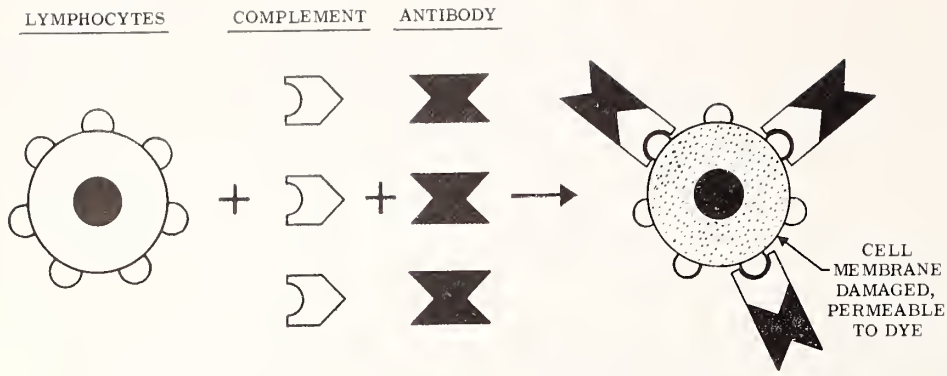

FIGURE 2

CYTOTOXICITY is the most common serotyping or tissue typing method used to match donors and recipients in transplantation today. A suspension of lymphocytes is incubated with antibody in the presence of rabbit complement and dye. Cell damage or cytotoxicity is read by the proportion of cells taking up dye or showing loss of refractility which indicates the cell membrane of the lymphocyte has been damaged by antibody in the serum, thus allowing ingress of dye into the damaged cell. Cells of prospective donor and recipient are matched against a standard panel of specific antisera and scored as reacting positively or negatively. Similarity of reactions to antisera indicates degree of histocompatibility between donor and recipient cells.

blood. Their cells were typed in the lymphocytotoxicity assay with the aid of some known antisera provided by the NIH Serum Exchange Bank.

Unknown antisera were obtained from multiparous women with the aid of the Department of Obstetrics and Gynecology at Indiana University and also with the aid of many physicians in Johnson County from their patients delivering at the Johnson County Memorial Hospital in Franklin, Indiana. Since the technique used needs extremely small amounts of serum, 10 cc of blood is obtained from each suitable para III or over and, if the initial testing shows any evidence of antilymphocyte activity in the serum against the cells of some members of the panel, the serum donor is contacted at a later date, after approval of her personal physician, and requested to donate another small amount of serum. At that same time, the value of this serum is explained to her as well as the procedure of plasmapheresis. If the second sample is still of the same titer and specificity as the first one, a larger amount is then collected by plasmapheresis.

The plasmaphereses are carried out as standard procedures at the Indiana University Medical Center blood bank and at the Marion County Community Blood Bank. It is very gratifying that all of the donors whose sera were found suitable consented to the plasmapheresis on one or more occasions.

A constant serum exchange is going on with other investigators and via the NIH Serum Exchange Bank.

In the summer and fall of 1967 the first candidates for transplantation were admitted to the dialysis programs at the Indiana University Medical Center and the Veterans Administration Hospital, Indianapolis, and the need for clinical use of the tests described arose.

In December 1967, the first family was tissue typed, followed by a skin graft exchange and leading to a transplant to one of the members from a sister. Since that time 110 patients and 782 family members have been tissue typed as well as 116 unrelated possible donors (usually people with severe head injuries and other patients not expected to survive and who possibly might be suitable organ donors). Up to April 1, 1971, 66 renal transplants were performed, all donors immunologically preselected by lymphocyte typing. (Fig. 3.) For their clinical course, see other articles in this series.

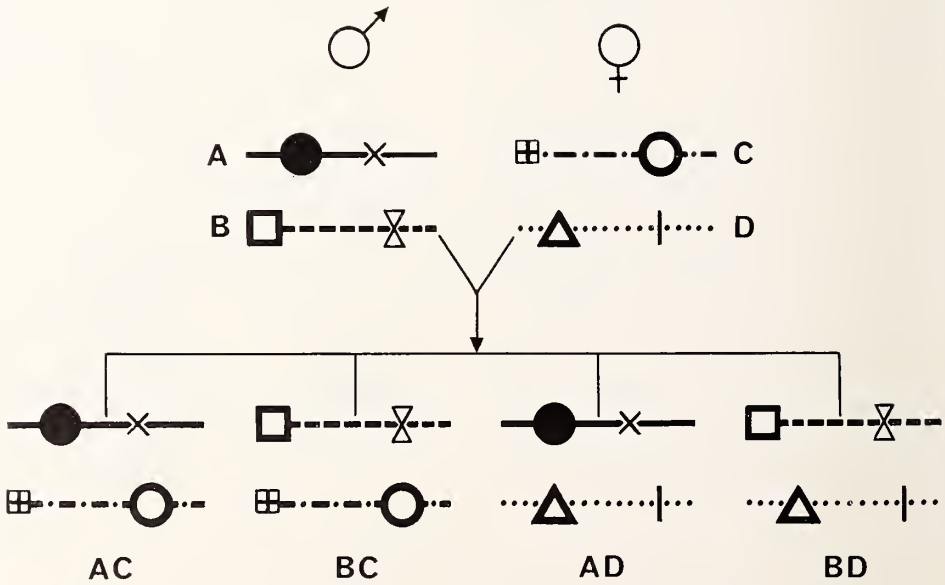

FIGURE 3

CLASSICAL mendelian laws govern inheritance of certain transplantation antigens. The genetic locus from a single chromosome is composed of different alleles or alternatives of the same gene. This human complex has been called HL-A. Expression of various alleles on this locus as transplantation antigens can be identified by serotyping. "Haplotype" is used to describe the human HL-A complex which is determined by a single chromosomal unit. Man has 2 haplotypes, each of which comprises several antigens. These act as markers in tracing inheritance patterns of the HL-A system in families. This is the genetic basis for prospective tissue typing within families.

Since the spring of 1968, some members of the Department of Medical Genetics have become interested in the field of transplantation immunology and a great deal of additional help has been obtained through them. All the red cell typing as well as serum enzyme determinations are performed in their laboratories, and the genetic information obtained in this manner is a very useful additive to the data from the lymphocyte typing. Also, when the cell panel and the number of sera became big enough, it has proven extremely useful to compare the specificity of sera in regard to their reaction pattern with all the individual cells of the cell panel by computer analysis rather than on visual charts. This again could only be accomplished through the interest and availability of the staff with this highly specific knowledge as well as access to computer hardware and time in the Department of Medical Genetics.

At present (still on dialysis), 28 patients have been typed with at least 100 antisera; 18 of these are waiting for an unrelated donor, the others probably have related donors, but the medical evaluation of these donors is not yet complete in all cases.

At the conclusion of this article, a few points of practical importance:

The isolation of lymphocytes, followed by incubation of these cells with all the various antisera and rabbit complement and then the reading on an inverted phase microscope for cytotoxic effect of each of these antisera on the cells of one person takes one technician four to five hours. For each additional person tested at the same time, one-half to one hour needs to be added. Therefore, if a family (for instance, father, mother, patient, brothers and sisters) are to be tested, one whole day is needed for one complete test. Until absolutely foolproof and monospecific antisera are available, tests are always duplicated and sometimes checked a third time to be absolutely sure, so usually two or more days are needed for one complete family typing, with several additional hours for charting of the results and interpretation of the data.

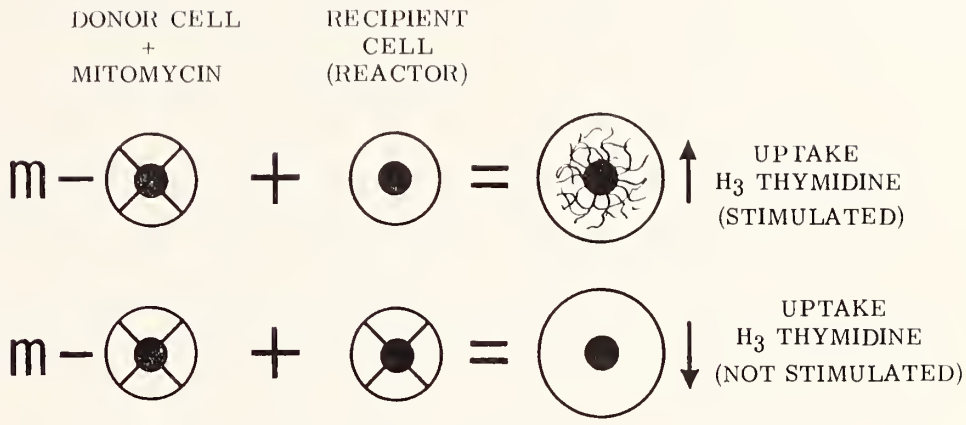

FIGURE 4

MIXED lymphocyte culture tests lymphocyte reactivity in vitro. Lymphocytes of 2 individuals are mixed together and maintained in tissue culture. The degree to which one cell stimulates the other can be measured by uptake of tritiated thymidine. Mitomycin can block cell reactivity and at the same time not inhibit its capacity to stimulate the other subject's cells. The more similar the reactor cell is to the mitomycin-blocked stimulator cell antigenically, the less will be its reactivity (uptake of H_3 thymidine). This is a good measure of histocompatibility.

When we are alerted to the presence of a possible unrelated donor, this takes precedence over the evaluation of a healthy person. Twenty cc of blood is then obtained from the patient in question for lymphocyte typing and five to seven cc for red cell subtyping, and all tests are run in duplicate simultaneously. The results are then scored and compared with the waiting group of recipients (by-time-shared computer analysis) and the most suitable combination selected, also provided the serum of the recipient lacks antibody activity against the donor's cells. Fresh serum samples from each recipient are obtained at least monthly for this purpose and several of these are checked to avoid the possibility of hyperacute rejection.[13,14]

Whenever a possible donor has been transfused with several units of blood, it becomes very difficult to type him, since other lymphocytes are added to the patient's blood stream. We also prefer to type potential recipients when they are not uremic, so after institution of chronic dialysis, but before the use of blood during dialysis or nephrectomy has become necessary. This is greatly facilitated by the priming of the dialysis machine with fluids other than blood, as is now done whenever possible.

Continuous national and international exchange of sera and data is going on, and it is hoped that ultimate availability of monospecific antisera in large enough quantity, long term organ preservation and world wide computer storage and comparison of typing data may lead to a much greater exchange of organs and/or recipients, leading to perfectly matched organs for all who are in need of them.

Acknowledgements

Our thanks to Dr. Victor H. Muller, Medical Director, Community Blood Bank of Marion County, for his help and time involved.

During the whole period of development, a great deal of help was obtained from various other investigators in this field; during formal courses (U.C.L.A. 1967) or on an individual basis, especially from Drs. Amos and Zmijewski at Duke University Medical Center, Durham, N.C., and their co-workers.

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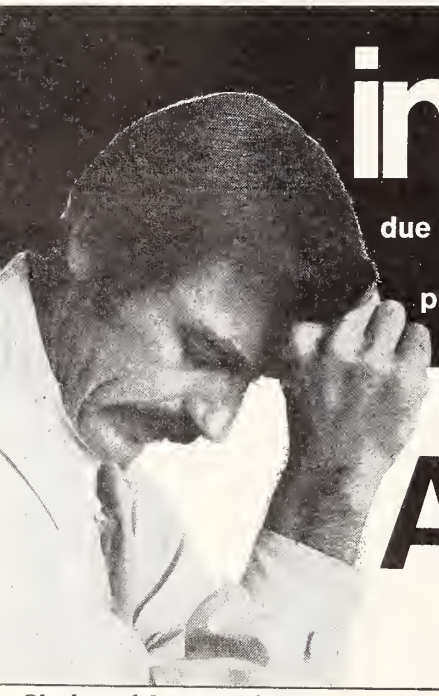

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*Development of a Transplantation Team in Indiana**

Part Three

Section 2

Postoperative Medical Management of the Transplant Patient

KENT P. BRADLEY, M.D.
DANA L. SHIRES, M.D.
ALEXANDER deQUESADA, M.D.
Indianapolis

THE medical management of the postoperative renal transplant patient is initially directed at fluid and electrolyte replacement. Fluids and electrolytes are given depending upon the initiation of renal function. If the patient remains anuric following surgery, he is given five percent dextrose in water to replace his insensible loss, which is approximately 600-700 cc per day. If there is immediate urinary output, with or without significant creatinine clearance, then insensible loss is replaced with five percent dextrose in water and urinary output is replaced hourly through a solu-set with one half sodium chloride solution until the patient stabilizes and can take a normal diet and fluids at liberty. Loss of fluids through nasogastric suction and wound drainage should be replaced in the usual fashion. Serum electrolytes and patient weight are monitored daily and any sudden shifts should be evaluated.

If the serum sodium and/or potassium or the patient's weight falls rapidly, the most likely cause is excessive urinary loss secondary to tubular damage from ischemia at the time of transplantation. These electrolytes then must be replaced milliequivalent for milliequivalent.

One may expect long periods of acute tubular necrosis either in a cadaver or living donor transplant, and this occurrence and its duration are not predictable from patient to patient, regardless of the source of the transplanted kidney. Consequently, the physician should have the facility to monitor these perameters at frequent intervals. However, in the usual case there is not an excessive diuresis with loss of sodium and/or potassium and adequate replacement consists only of matching output with one half sodium chloride and insensible loss with five percent Dextrose in water.

The major concern in the medical management of the transplanted paient is the rejection phenomenon. Basically there are three types of rejection of foreign tissue.

The first type is hyperacute rejection, which is on the basis of circulating pre-existing antibodies to the transplanted kidney. This situation is usually predetermined and the transplant is not done. However, under limited, unusual circumstances this situation will not be pre-detected and hyperacute rejection of the allograft will take place. This may occur anytime from immediately after restoring renal circulation up to several days from transplantation. It is manifested clinically by the sudden onset of high fever, malaise, anorexia, arthralgias, or even frank arthritis, rapid diminution of urinary output and renal function if this was initially present. If studies for pre-formed antibodies are now repeated, they may be positive.

Treatment of this type of rejection must be initiated immediately. It consists of maximum doses of steroids in the form of 1 gram or more of methylprednisilone hemisuccinate (Solu-medrol) intravenous per day. A continuous heparin drip is begun to prevent capillary deposition of fibrin and thromboses which are an integral part of the pathology of hyperacute rejection. Immunosuppression in the form of azothioprine (Imuran) and the steroids are tapered according to the response of the patient. The heparin drip is continued regardless of the degree of improvement in renal function for at least six weeks.

The second form of rejection is termed acute and is caused by marked infiltration of lymphocytes in the transplanted kidney, especially around the small vessels. This can oc-

cur at any time following transplantation; however, it usually does not occur until 48-72 hours have elapsed following surgery, and does not usually occur in "A" matched living donor patients who receive Imuran from the time of surgery.

The clinical manifestation of acute rejection consists of moderately elevated temperature, minimal, if any, malaise, anorexia, and arthralgia. There may be pain and tenderness over the transplanted kidney and slight increase in size as palpated or viewed by x-ray. If the renal function and urinary output have been established, there will be only minimal to moderate and gradual deterioration of this function. Creatinine clearance will fall approximately 10 cc/minute in 24 hours with a concomitant rise in serum creatinine.

Treatment is then adjusted accordingly. All patients receive Imuran in the dose range of 2.0 milligram per kilogram from the time of surgery, and this dose is then adjusted upwards depending on the white blood cell and renal function to a maximum dose of 4.0 milligram per kilogram. At the first sign of acute rejection, intravenous Solu-medrol is given in the dose range of 500-1000 milligrams per day. These drugs are then tapered in accordance with diminution of rejection as measured by clinical indications. If these measures do not reverse rejection, Actinomycin D, 250 micrograms per day intravenous, is given for a five day course. In almost every case of well matched transplants some or all of the aforementioned procedures will at least initially reverse acute rejection. We never institute steroids until clinical signs of rejection appear, and we have not seen these in "A" matched patients. This is withheld to give the patient an opportunity for better wound healing.

The third form of rejection is termed chronic and is the most difficult type to reverse. Chronic rejection occurs because the patient has sensitized his reticulo-endothelial system to the transplant and continuously makes anti-kidney antibodies. Since antibodies are responsible for this form of rejection, it is known as humoral, rather than cellular rejection. Generally, the patient is without symptoms and the diagnosis is made more on laboratory and pathological findings. There is a very gradual loss of renal function over months or years which seems to be unrelenting in spite of therapy. There will be elevated quantitative protein in the urine in the range of 500 milligrams to 20.0 grams per 24 hours. Also, elevated amounts of 1 GG (immunoglobulin G) and complement will be found in the urine. Pathologically a biopsy specimen will show round cell infiltration around the small vessels with varying degrees of intimal thickening and proliferation to the point of actual thrombosis. The glomeruli undergo a variety of changes including thickening of the basement membrane and proliferation of the mesangial and endothelial tissues. There are other changes but these are the most prominently seen. The tubules revealed dilatation, atrophy and round cell infiltration with resulting fibrosis of the interstitial tissue.

Treatment consists of maximally tolerated doses of Imuran and steroids with interrupted courses of Actinomycin. X-radiation to the kidney and anti-lymphocyte sera have been used with varying degrees of success. If all fail one must keep in mind it is better to remove the kidney and return the patient to hemodialysis rather than jeopardize his life with massive continued immunosuppression.

The final consideration in the medical management of these patients, especially those on large doses of immunosuppressives, is the development of latent infection. The physician must constantly be aware of this serious potential. The organisms involved are usually those considered as opportunist or ones which are usually not considered to be pathogenic They generally invade the lungs or the central nervous system with development of pneumonia and/or meningitis, though these organisms can cause disease anywhere in the body. These infections are often initially subtle and frequently the usual signs of infection and inflammation are altered by the immunosuppression the patient is receiving. Diagnosis is often not made until death unless the physician is very aggressive in his diagnostic approach.

Generally, acceptably matched patients do well without development of complications, chronic rejection or latent infection. The "A" matched recipients usually are able to be discharged from the hospital in one month. The remainder of the patients are generally hospitalized for two months. Most patients have returned to work four months after transplantation. All patients are then followed in the Renal Transplant Clinic in the Veterans Administration Hospital in Indianapolis for the remainder of their lives. Initially on a weekly basis, this progresses to a monthly basis. ◄

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Prescribing Information—Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.

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Quinamm™ Specific therapy for night leg cramps
(quinine sulfate 260 mg., aminophylline 195 mg.)

A High School Classroom Approach to Drug Abuse Education

"Doing Dope"

ROLLIE HOOVER
Elkhart

HOW do you teach sophisticated high school students about drug abuse education? (Students who are mature, knowledgeable, exposed and looking for answers.) I didn't know and I still don't. But, in view of the growing problem of drug abuse in this country and because of the possibility that Elkhart was no different from any other community, the school administration felt a drug abuse education program would be advisable. At the same time, and more meaningfully, a group of high school students was requesting a class in narcotics education.

Since we would be playing "catch up," it became imperative to gain as much knowledge and insight into this area as quickly as possible. The first opportunity came in 1969 during the National Institute of Mental Health Drug Abuse Education Seminar in Boston, held in conjunction with the national convention of the American Association for Health, Physical Education and Recreation. Since I was teaching health and physical education and interested in the area of drug abuse education, I was asked to attend this seminar. This program led to attendance at other workshops such as the National District Attorney's Conference on Narcotics and Dangerous Drugs and a 10-day workshop at Butler University.

As a result of this interest and training, and considering the request of the students, a class was proposed for the fall of 1970. A one-semester elective credit course for juniors and seniors was planned. The response was tremendous, and we now have two classes of 25-30 each.

A part of our approach was to include community education also. In order to accomplish this, some of the knowledgeable people in town began speaking to civic groups, service clubs, professional organizations and church groups, P.T.A.s, etc. These speakers were police officers, hospital pharmacists and myself.

The Junior Chamber of Commerce members were very active in promoting community awareness of the problem, and they conducted a forum using people from their national office, as well as Virgil Keels from the National Coordinating Council for Drug Abuse Education and Information. People from the local coffeehouse, Partly Daves, were also actively engaged in the problem of drug abuse and its effect on the people in the community.

The cooperation of the community has been commendable and any progress that results has to be due in great part to the combined efforts of many concerned people in Elkhart.

Course Is Elective

Before I explain the organization and conduct of these classes, it is necessary to stress one very important point, namely that the students in these classes are not selected because they are users. They *elect* to take the course.

The purpose of the class is to provide facts about drugs. These facts include history of drugs of abuse, medical uses, effects on the human body, and legal aspects concerning use and abuse. This class also provides a place to discuss anything the students want to talk about regarding use and abuse, facts and fantasy, in an unrestricted atmosphere.

Our goal will be achieved if at the end of the semester the students will be able to discuss, not write, in their own words, factual information

(Schools throughout the State of Indiana are doing something in health or special classes on drug abuse education. One of the better examples is the effort being put forth by Elkhart High School. Rollie Hoover, a coach and teacher who had much to do with developing the program and who now runs it, describes the Elkhart effort in this article which The Journal *invited him to write. Not only is the article of value but the reader is asked to take note of the extensive bibliography Mr. Hoover prepared. In addition to his teaching and coaching duties, Mr. Hoover makes many appearances as a speaker on drug abuse. One such appearance was before the Elkhart County Medical Society last fall.—Editor)*

MR. Hoover and a group of his students at Elkhart High School.

about drugs. Thus, when they are asked about drugs they will be able to provide truthful answers. Their opinion about the use of drugs is their business.

The first thing we did was to change the name of the class from Narcotics to Drug Abuse Education. Narcotics is a limiting term and not truly appropriate for the situation today. Drug abuse includes all of us and our activities.

Definition of terms was the next step. Drug was defined (from Model) as any chemical that by its nature changes the structure or function of an organism.

Abuse was defined as abnormal use of any one of the following: (a) any substance that can be detrimental to the health or safety of the user, his friends, family or community; (b) any substance illegally obtained; or (c) any substance taken beyond or without a doctor's prescription.

Education will be the strict dissemination of facts as we know them or can substantiate them.

Our only ground rules are these:

(1) I agreed to listen to anything they had to say.
(2) I did not have to agree with them.
(3) They agreed to listen to me.
(4) They did not have to agree with me.
(5) Anything said or brought into the class would be considered confidential if they wanted it this way.

In order to remove the pressure of cramming facts to spew back for a grade, I let the students decide on their own grades. They are to base their grade on an evaluation of their own ability to relate facts about drugs to those people they come in contact with outside class.

In one of the early class sessions I ask each member of the class to write on one of the following: (1) excluding alcohol and nicotine, think back to the first time you abused a chemical substance and try to determine why you did it; (2) if you've never abused a drug, why didn't you when you had the chance?; (3) if neither of the previous two have taken place, why do you think some of your friends abuse drugs?; (4) if none of your friends abuse drugs, why do you think some teenagers do?

They are asked not to sign papers or give any information that would identify the writer. When they have finished writing, all the papers are placed on a table and each one is asked to take a paper and read it and continue reading until each member of the class has read them all. I believe this provides an opportunity for each person to gain some insight into other peoples' problems and situations. When we begin to think of others and their problems, ours sometimes may not seem too bad.

Rights, Laws Discussed

I begin the technical course content on the rights of people. Basic human needs and desires are also discussed. How do laws apply to each and every person? What are the inherent protections for people in our system of government? Some of these topics include the legal aspects of arrest, search and seizure, warrants, stop-and-frisk, no-knock law, bail, confiscation of evidence and the rights of the individual upon arrest. I try to show that these laws apply not only to people violating the law but also act as a protection for law-abiding citizens.

It is also the intent during this period to discuss the specific laws as they apply to the abuse of dangerous drugs—not only the letter of the law, but also the intent and some of the historical background and general tone of the country at the time these laws were enacted.

Due to the emotional involvement when marijuana is mentioned, we separate drugs and marijuana. Most authorities classify marijuana as a hallucinogen and most of the students (at least in this area) who have used marijuana have never hallucinated. Thus, they may be very critical of this statement and any others that follow. For these two reasons marijuana is brought in only

casually when they ask some specific question. By the last part of the course the class atmosphere is such that a spirited discussion about "grass" can be handled by everyone in a much more relaxed manner.

True narcotics, those substances that are organic or synthetic derivatives of the opium poppy, are the first substance we explore. A comparison is drawn between the medicinal use of narcotics and the illegal diversion and abuse of the chemical. The effects of abuse, both direct and indirect, are explained and I try to show the impact of abuse on both the individual and society. Definition of such phenomena as tolerance, psychological dependence, physical dependence and abstinence syndrome are discussed and an attempt is made to relate these directly to people and their actions and reactions to their friends and families.

This same approach is used with the other classifications of drugs: hallucinogens, stimulants (amphetamine sulphate preparations), depressants (the various barbituric acid combinations), deliriants and inhalants, and marijuana.

Since there is no single text that adequately covers the field of drug abuse, accompanying this article is a list of the books and pamphlets that I have available for student use. I strongly urge them to keep a notebook of information that can serve as a source book for them after they have completed the course.

Students Sought as Speakers

Two groups of students completed the course during the first semester. Many have made presentations to elementary classes, P.T.A.s and teacher groups from other cities. Their rapport has been singular and their poise and maturity on panels indicate their command of the subject matter.

It is probably too early to evaluate the success or failure of such a class However, it is very rewarding to me to engage in the give-and-take with these students in an area that is paramount to all of us. The toughest part as a teacher is to keep quiet and listen, really listen, to what these young men and women have to say.

Future plans in the area of drug abuse education include increasing the number of classes offered and the development of a K through 12 curriculum on a sequential basis.

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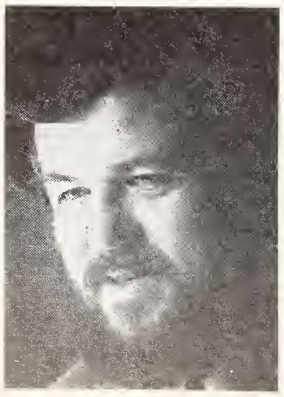
ISMA's highly successful Hoosier Teen Health Happening that attracted some 3,000 high school students, teachers, counselors and others in April 1970 was keynoted by John Harvey Frykman D.D., a hippie Lutheran pastor. At that time he was chief of the drug treatment section at the well-known Haight-Ashbury Clinic in San Francisco. The text of his presentation is offered here because in it Dr. Frykman outlines a type of philosophy that many readers will recognize as an underlying factor in drug abuse.

The Speed Scene

JOHN HARVEY FRYKMAN, D.D.
San Francisco

I hope that you'll relax with me and we can make this not a speech and that you can get to know me a little bit and I can get to know you even though this is a great mass group and I'm up here on the stage and you're down there. It's very hard to make a speech when you don't know "where people's heads are at" —(the phrase that is familiar around our clinic). So instead of making a speech I would like to share with you a few ideas.



The topic listed in the program was "The Speed Scene." If you would like to talk about the speed scene, we can do that when we get into the question period. But to me the issue is not a speed scene, heroin scene, marijuana scene, drug scene—the real issue is quality of life in America and what's happening between people, what's causing us to be afraid of each other, what's causing us to be unwilling to face up to each other and love each other. And I have done some thinking about it and the thinking goes something like this, and I hope you can even accept it from a kind of middle-aged hippie like myself.

The "Fix Mentality"

I think we have a problem in America where we don't really want to solve problems. Most people in America want to have the easy answer. It's what the television commercial is all about. If you have this kind of a problem, this is the answer. If your marriage is falling apart, you smoke this kind of cigarette because there is one for the two of you and somehow everything is O.K.

I like to call this "the fix mentality."

As most of you know, a fix is usually thought of as some kind of an injection of a drug. But I think that you know we have a country full of junkies where everybody is seeking his own personal kind of "fix." Instead of really solving what is happening between parents and their children, we find a way to avoid it by either buying off our kids or shipping them off, or doing something else with them. We don't solve the problem. I think we learn this from a very early age.

Let me give you just a few examples of how we start to think that we don't have to solve problems—we just have to get a "fix."

When the mother sticks the pacifier in the baby's mouth, that's a fix. The pacifier has nothing to do with whether the baby needs to be changed, needs to have food, or anything else. It's an outside force that gets the baby "off the mother's back." And that's a fix. Don't forget the baby starts to learn that. He starts to learn that there are those ways of avoiding facing up to things.

I think it goes even further that we don't know how to give gifts. Think of when you were younger, say, nine or ten, or whenever it was in your family that you wanted a bicycle for instance. Did you get together with your parents and your parents say, "All right, John, it's time to have a bicycle"? What happens? Well, if you do your homework every night, and if you keep your room clean, and if you come home when you say you are going to come home, and if you do this, and this, and this, then you get the bicycle—then you get the fix. You see how it starts building a pattern in a person's mind.

The bicycle works in exactly the same way as a drug because you get it, and you tool around the neighborhood, and you show it to all your friends and you feel euphoria. You feel you've gotten what you wanted to get. And that's what the drug experience is all about, too.

But the fixes don't always apply to young people. They apply as we grow older too. How many of you have known the family where the husband and wife were starting to come apart? Suddenly they decided that everything would be all right if they only got that home in the suburbs. They get that kind of a fix and it really works for awhile because they organize their energies around that new home in the suburbs. The next time their marriage starts to fall apart maybe it's a color television, or maybe it's a cabin on the lake, or maybe it's going on a trip to Hawaii. Those kinds of things, all, are ways of not solving problems by getting fixes.

I think we have to recognize that drugs are not the problem for young people like you who are here. The main abuse of drugs is by older people, not by young people. This is a universally drug-oriented society and by far the greatest drug abuse is alcoholism. The number of people involved in the so-called hard narcotics is a very, very, small percentage next to the mounds of deaths and losses of families and all of those things that are associated with alcoholism.

If we include tobacco in it, which is part of this whole presentation as well, we can see how universally this society is organized around drug use. And it's not only that it is around drug use, it's that we tend to make defenses of our style of drug use. People tend to separate themselves and say, "Well, my drugs are all right. I have a little wine at night and it's cool and nothing bothers me."

But your drugs are not all right. And somewhere way out there, drugs are terrible so we forget to get in touch with the reality that all of those—mine, yours, and theirs—all of those styles of drug use are roughly the same thing, avoiding solving problems.

The greatest abuse of speed in America, if you want to talk about the speed scene, is not by speed freaks on the street in the Haight-Asbury but by middle-class housewives who start taking diet pills for weight loss and find that the diet pills drive away the housewives' syndrome and find themselves dropping ten times what the physician originally prescribed for them.

In terms of our clinic, for instance, less than 25 percent of the people who come there are Haight-Ashbury types. The youngest person we treat is eight years old and the oldest is 73—and everything in between. There is no dope-fiend type.

We have had every profession, from doctors and lawyers to clergymen; we've had housewives; we've had policemen; we've had dock workers; people on welfare, every race, every religion, every social economic kind of delineator that you would like to use.

Hypocrisy

And I think we have to start getting in touch with this whole issue of quality of life. As I talk to you young people (and I am working with young people all the time, especially in one high school we are associated with) this quality of life issue comes most to bear in terms of this thing which I like to call hypocrisy. Why do young people experiment instead of saying, "Well, that's bad for me, I won't." Well, what do you do when the sources of information are so garbled that you can't figure out which sources are reliable?

I have a couple of pet illustrations of how this hypocrisy works out. I am overweight, as you can see, and have been struggling with dealing with my own obesity so cyclamates were a very important thing to me—the kind of thing you could buy in diet drinks and so on. These cyclamates are one of the issues of the hypocrisy of what we are doing in this country. Cyclamates (on which there is no legitimate scientific research that says they are dangerous to you, by the way) have been removed from the market. In reading the paper one day I just accidentally saw an article hidden on page whatever which gave the real story of cyclamates and how they were removed from the market.

The sugar interests from California and Hawaii hired a lawyer from New York City. This lawyer started to lobby in Washington to get cyclamates removed because they were cutting into the sugar business. A very shoddy research project was put together where one group of rats was injected daily with a third of their body weight in cyclamates until they developed cancer. Think what would happen to you if you were injected with a third of your body weight of anything! There was not an equal group of rats injected with sugar. No, that would be too dangerous. There was not another group of rats injected with water—but one group that was injected daily with cyclamates. On the basis of that, cyclamates were removed from the market.

Now if you want to see the hypocrisy, look at cigarettes. There are reams and reams of reliable research, double-blinded research which says, "Cigarettes kill you." Not only are cigarettes *not* removed from the market, the government continues to subsidize tobacco farms. That's what I mean by hypocrisy.

The other kind of hypocrisy is the hypocrisy that talks about ideals. We teach certain ideals—we say "one man, one woman for life." Yet what is happening on the real level? How many divorces are there? What is happening to family structure in America? What about the Viet Nam War? And I think that is very

much in touch with what is happening in terms of drug abuse. The Surgeon General of the Army says 80 percent of the soldiers in Viet Nam use grass, at least once. What about the Viet Nam War? No matter if you are on the far left, the far right, or straight in the middle, where is the reliable source of information? The government says today My Lai did not occur and tomorrow it indicts Captain Medina. Where is the reliable source of information?

So how do we think we can get in touch with this kind of thing? How can we learn to relax with each other? How can you not be afraid of me and I not be afraid of you?

Life Styles

In our program we talked about authentic relationships—that there really is a need to be set free so that we don't have to play games with each other. Authentic relationship is where one person is willing to risk something of his own personal security in relating to another person so that person will in turn risk something of himself in relating to you. It's like turning over something of your soul into the caring of another so that he will care for you and respond to you.

This is a different kind of world in which we live and information explosion is all around us. Cybernetics, the whole business of automation, is causing us to look at so many different things in different ways. Why can't we begin to say that there are life styles? There are ways of living in which we can be "turned on to life," in which we can find wholeness to be a real thing for each of us. I hope that as we talk together we can come to grips with this whole question of life style because I think that's where it is at, in terms of drug abuse.

We let other people set our priorities for us. When I was a young person I didn't want anybody telling me what I should do, and why should we do that today? Because the law says it is OK to smoke and sets that priority for us, why should we choose to smoke? You know, when I was flying here on Allegheny Airlines (somebody else called it Agony Airlines because we were so late), it was so freaky. The plane is filled, you take off, and they have these signs up there "No Smoking" and "Keep Your Seat Belt Fastened." As soon as that no-smoking sign went off, about half the people in the plane lit cigarettes. They let that sign set their priorities for them. It was like a bunch of Pavlovian dogs responding to the bell "O.K. folks, it's all right to smoke, go ahead and do it." That's the kind of thing that I'm talking about.

If we want to get in touch with what's happening with drugs and with what's happening with us, we ought to get in touch so we can have something to say about the world in which we live. We can make some choices about who we are and the kind of world in which we live. We can make some choices about taking charge of ourselves, about being responsible for the kind of people we want to be, and for the kind of environment in which we want to live. You can choose. You can refuse to let others choose for you the way you want to "turn on." And the way I want to turn on is with life—not with the death of a destructive environment.

Note: Audio tapes and 16 mm films of Dr. Frykman's presentation including the question-and-answer period that followed are available free of charge to medical societies, schools, civic clubs, church groups and other organizations. For full information contact ISMA Headquarters, 3935 N. Meridian St., Indianapolis, Ind. 46208. ◄

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Drug Abuse: Who and Why?*

IVAN F. BENNETT, M.D.**
Indianapolis

ONCE upon a time in a far distant land there lived a man and a woman who loved each other very much. They lived in a garden and had nothing to do but to cultivate the grain grasses and eat the fruit. They were allowed to eat the fruit of all the trees in the garden except that from the Tree of Life and the Tree of Knowledge of Good and Evil. The Serpent, intelligent and crafty, knew the deribbed Adam could not be influenced save through Eve—his sidekick whom he trusted. To convince Eve, the Serpent argued that the couple could become like God himself, be masters of creation, and have the power to create and destroy. He aroused Eve's curiosity, but since she was still doubtful of the fruit's safety, he himself ate the fruit. Since he did not die as Adam had predicted, she concluded Adam had lied to her. So she also ate of the fruit of the Tree of Knowledge of Good and Evil. It was an awareness-inducing drug!

In this drama located in the Garden of Eden a third member had been introduced—Satan, in the guise of the Serpent—the first pusher in history. Eve was the first naive experimenter of a mind-altering substance!

Why did she wish to experiment? An expert, a previous drug user, had convinced her that she had received false information and the credibility gap was born. She took the fruit because she was curious, because she believed in its properties and because she anticipated the advertised effect. Eve was not disappointed. She acquired instant Wisdom. But the drug user does not like solitude, for the experience is seen as something which should be shared. The drug user is generous and anxious to promote, so Eve wanted to share, to submerge her partner in a state of mutual ecstasy. Another reason might have been that Eve, fearing she would die, wanted Adam to eat the forbidden fruit, lest he wed another after her death.

In addition, it is well known that a woman cannot keep a secret. Suppose though that Eve—a horrible thought!—having satisfied her curiosity, had kept the experience to herself. The result would have been that woman alone would be gifted with intelligence and man would have been but her manservant.

At any rate, she did give the fruit to Adam who likewise acquired knowledge by taking the first "get smart pill." It was then that a strange alteration in awareness developed: for, "and the eyes of them both were opened, and they knew that they were naked: and they sewed fig leaves together and made themselves aprons." They became aware of themselves as individuals. They had embarked on an exploration of the inner space which would be continuous for all time. Self-understanding would lead to knowledge of the universe, the outer space, around them. Intelligence would result in the development of agriculture, cities and civilizations. Coupled with emotions it would contribute to the development of the arts and the sciences of war and destruction. Adam and Eve were the first hippies. The first drug users. Since then we have not changed.

One other point from the extra-Biblical legend needs to be added. When Adam tried to gather leaves to cover themselves, all the trees refused to cooperate, save the fig tree. This was because the fig tree had been involved in the act of disobedience, for the fruit eaten had been the fig. The substitution of the apple was apparently a northwestern European invention, for to them the apple implied consummation. The fig, in this story, is the more appropriate fruit, for the fig was one of the earliest fruits cultivated by primitive man and was known as the "poor man's food." The fig-tree family includes hops from which man obtains beer, and, in the opinion of some, the cannabis plant from which man has obtained marijuana. Three plants and three mind-altering substances!

According to legend, the reason God "called unto Adam, and said unto him Where art thou?" is because Adam, after eating this psychedelic fruit, had shrunk in size, from being from the heavens to the earth in height to 100 ells (or 450 feet). It recalls the Jefferson Air-

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* Presented April 23, 1970, Hoosier Teen Health Happening, A Shakedown on the Sex, Alcohol, Drug Scene, sponsored by the Indiana State Medical Association, Indianapolis.

** Senior Physician, Medical Research, Eli Lilly and Company, Indianapolis; Associate Professor of Psychiatry, Indiana University School of Medicine.

plane's white rabbit: "One pill makes you larger/one pill makes you small/ and the ones that mother gives you don't do anything at all. Go ask Alice when she's ten feet tall" . . . ending with: "Remember what the dormouse said, keep your head, keep your head."

Adam's penalty for attempting to learn more about himself and the world was that in sorrow and by the sweat of his face would he struggle to keep alive and support his loved ones. His door to perception was marked Exit and he left Paradise. Since then, from the stone age to the space age, we have tried to return by finding the door marked Entrance and so regain the lost Paradise.There has always been a need to flee from reality, to seek release from its intolerable clutches, to loosen the tyranny of our mind and to find that bit of heaven on earth. Our social institutions have recognized it. The church gave us the Carnival of the Mardi Gras before Lent, the state approved the use of certain chemicals such as alcohol and tobacco. The most convenient methods of escape have been religion and plants containing chemicals capable of altering emotional states and levels of consciousness. All naturally occurring drugs were discovered thousands of years ago. Primitive man experimented with every root/twig/leaf/ flower/seed/nut/berry and fungus in his environment. It is not difficult to understand why plants which would lessen pain and fear, or banish sorrow would have been considered as of divine origin. The feeling is still present today. Pot-heads cite Genesis 1:12 ("and the earth brought forth grass, and herb-yielding seed after his kind, and the tree yielding fruit, whose seed was in itself, after his kind: and God saw that it was good") as evidence that marijuana was given to man for his pleasure, for as one of their beautiful psychedelic posters state: "God grows his own."

What gives concern, though, is that these elixirs of escape have been too successful. The desire of millions to suppress the everyday stresses of living explains the phenomenal demand of tranquilizers in our society representing sales of $692 million, the $15 billion spent yearly by 80 million drinkers, and the $7 billion yearly bill paid by 80 million for 573 billion cigarettes. The $100 million price tag on marijuana seems like a small loaf of bread.

As Fort has stated, drug abuse pertains to socially disapproved drugs. With drugs socially encouraged, such as alcohol and tobacco, almost all use, including abusive use, is equated with normal use. If we define "drug abuse" as pertaining to excessive use to the point of impairing one's health or adjustment, it becomes apparent that only a small minority, probably 10%, of present youth drug takers use them to this degree. This is probably why drug abuse is a problem only to the non-user, to the adult and not to the average teenager who sees only pleasure from its use. It is important to make such a distinction for the terms "drug abuse," "drug addiction" and "drug dependency" are laden with emotional dynamite.

There are no accurate figures on the number of illicit drug users, but we can assume they represent 30% of the 7 million students in the 220 colleges and 30% of the 14 million high school students, or a total of about 7 million young people from age 13 to 21. We must also include, probably, about 10% of the over-21 population, for drug taking no longer belongs to the young. For example, the *New York Times*, in a fine series of articles, reported the use of pot and acid in our adult culture. A 53-year-old Manhattan business man stated, "I keep a supply of pills for entertaining just the way I keep liquor." A wife of a publisher would roll two reefers for her husband to take to work for his tuned-in, turned-on modern executive's afternoon snack. A banker and his wife smoke pot before going to the opera for "it improves our sensitivity to the music." The use of drugs is so common today that one can no longer identify the drug user in terms of his personality profile, family background, academic courses or social class.

The question why people take these drugs has two parts: Why do they start and why do they continue? There are as many answers for this as for drinking or smoking.

1) It is *the thing to do,* part of the puberty rite, a status symbol, a way of being "in," of belonging, and of conforming to group behavior so one can identify with and be accepted. It meets a social need, so it is repeated. The group reinforces the good experiences and treats the bad ones. Being an accepted practice, there is no problem, no conflict.

2) It is *exciting,* a pleasure trip, a fun thing. Emotional pain is diminished. there is a Wow! feeling. "I feel different from the way I have ever felt." The drug experience is unique, novel, and difficult to explain to someone who has not been there. Former drug users have told me they never forget it. There always seems to remain a craving to repeat. The memories are pleasant. They find no adequate substitute. Like the alcoholic, the compulsive drive to return to the state of dependence can be overpowering.

3) It is used to decrease uncontrollable and not understood *sexual and aggressive* impulses or to obtain insight into them. As Blum states, it becomes all right to be non-sexual and to concentrate on other things: it is not a sign of sexual inferiority. Hostility evaporates in an overwhelming feeling of loving everyone.

4) It is a *challenge* and a daring thing to do. The drug is taken by the users to prove they are superior to others, to their image of them-

selves, and to the drug itself. They have a need to show a lack of fear. Hence games are played using unidentified chemicals, combinations, high dosages. Barbiturates may be taken in doses far above that recommended for sleep. The contest then is to see who can remain awake for the most days. They may play the fruit or cocktail salad game. Each participant brings to the party six to eight different medications from the family's medicine cabinet. They are mixed in a bowl which is passed around. Each takes a capsule or tablet until the medications are used up. There is a common feeling among the users that one is invincible: for "nothing can hurt me." If the end result is death, well, death is the best trip anyway.

5) To be *defiant* of society, the law and parents. To show disapproval of what life has given him.

6) To undergo the thrill of *the risk*, the illegality of the act. The user feels such things as arrests, bum trips and psychotic reactions, cannot happen to him.

7) For *exploration* of the mind, as an astronaut of the inner space, to learn more about himself or to perform self-therapy. To experience the in-rushing and intoxicating sensations of color, sound, movement and the strange changes in the body image. The rush of new associations and ideas may be overwhelming.

8) For the *bored* and the curious, drug taking is a new adventure which may be a substitute for reality.

9) To *escape* from the external world and from people, drugs are used as people substitutes. To withdraw into one's private world. To escape from one's feelings of frustration, unhappiness, unpopularity, and unwantedness.

The main reason, though, why youths take drugs is because they work. They do what they should do. They say that they are effective, potent and relatively safe. The risks are minimal. This obvious answer is one we don't consider. We can't understand why young people would want to "blow their minds" with mind-expanding drugs. Since they get what they want from the drug experience, it can be seen how it would be difficult to control drug misuse through laws, parental disapproval, drug education or example. The drug user is an emotional cripple. He is never the same again. He has gone on a field trip into an unknown country, has observed and absorbed new experiences relative to himself and his relation to the outside world. He comes back from his trip with what he feels is new understanding, sensitivity, sophistication, and a persistant nostalgia for a return visit. We must realize mind-altering drugs are taken because they are effective and because the experience is unlike anything else. We cannot deny these impressions. Nor can we hope to neutralize them with threats, fears or misbelief that the young really don't enjoy drugs and really get nothing from them. The one thing that can bring them back, though, is the unpredictability of the drug experience with the high probability, following chronic use, of bum trips on the part of themselves or close friends.

Such a user fails to see his dependency until he realizes, for example, he cannot listen to his music without being stoned. Without the chemical crutch, he has lost his appreciation. Bad trips recur. He has flashbacks in which he takes the trip without the drug. There may be persistant visual images, such as tracking (a moving object appears blurred before his field of vision) or geometric patterns are seen which interfere with his concentration. When these are discussed with his drug group, they see them as weird and try to top his stories. They admit to a feeling of discomfort, frustration and lack of control. There is the laughter of fear—a whistling in the dark. This element of fear is behind the challenge and the risk taking. The only solution to them is to continue taking drugs. Like the alcoholic patient, they become dependent and cannot stop, for they are trapped. They may want to stop, but are unable to. Their mind is fouled up and they come in for psychiatric help.

We must realize that anxiety is a necessary part of living, that we are not made to be comfortable or to escape from life. The goal is not to avoid stress but rather to work through it, to grow stronger by accepting it. It has been said, by Albert Deutsch, that to operate in a condition of tension, expectations, maintained alertness, to respond to and take advantage of opportunities, to face problems and to solve them, to adapt to our environment and in this process of struggle to achieve goals and find satisfaction and happiness in the attainment—this is our divine discontent which leads to creative activity and maturation. This is part of our finest social and personal structure. We need butterflies in our stomach to attain our peak performance. Notwithstanding, the wish for the magic pill is a recurrent one throughout the history of mankind. The painful difference today, though, is that this craving for escape, this dangerous route to oblivion, exists for the first time in the youth—those who should be most eager to meet life rather than to flee from it.

Note: Audio tapes and 16 mm films of Dr. Bennett's presentation complete with the question-and-answer period are available free of charge to medical societies, service clubs, schools, civic groups and others. For information contact ISMA Headquarters, 3935 N. Meridian St., Indianapolis 46208. ◄

Drug Action Roundup

JOHN L. WALTERS*
Kokomo

HOOSIER doctors have accepted the challenge thrust upon them by the growing drug abuse problem and are doing their part in the field of drug education.

From Munster to Sellersburg, from Fort Wayne to Terre Haute, doctors of medicine are giving talks, conducting classes, moderating discussion panels, appearing on radio and television and doing what they can with individual cases.

County medical societies and auxiliaries have teamed up with educators, ministers, social workers, police and just plain interested people in efforts to curb the growing drug menace.

Allen Takes Lead

In Fort Wayne, for example, a lot of groups were doing a lot of talking but little was getting done, until the Allen County Medical Society stepped in.

The society called together representatives of 30 community organizations at a luncheon meeting last November to organize the Interagency Drug Abuse Council (IADAC).

Fort Wayne's Mayor Harold Zeis called the formation of the council a "major step forward" toward solving the city's drug problem.

The Fort Wayne News-Sentinel reported: "The Council . . . will provide coordination and planning for long and short-range abuse programs, and stimulate other agencies and groups to develop and implement programs where no other appropriate resource exists to meet community needs."

To add leadership and show the community that the doctors were behind the effort all the way, Dr. Ronald J. Pancner, a psychiatrist, accepted council chairmanship. Also helping launch the council were Dr. Jerry L. Stucky, Allen County Medical Society president, Dr. John S. Farquhar, Dr. Robert L. Greenlee, Dr. Joseph P. Fiacable, Dr. Richard E. Mann, Dr. Alan D. Richards, Dr. Ernest Anderson, and Larry L. Pickering, Allen County Society executive secretary.

Nor is the effort stopping there. The council has hired a full-time coordinator who is working out of the Allen County Medical Society office. Matching funds from the Indiana Criminal Justice Planning Department have been approved. Local funds are being raised by subscription and service in kind.

The Fort Wayne program so far has six parts:

- "Switchboard," a 24-hour phone service providing counsel for young adults who won't turn to other channels for help.
- Plans are under way for a Halfway House to provide a center for counseling and extensive work with those who need help.
- An information service center open to addicts, their families and friends to answer whatever questions they may have.
- A parents' and friends' organization to further educate the community on the perils of drug abuse.
- A speakers' service to provide schools, civic, religious, political and professional groups with speakers who will lecture competently on drug prevention, use and abuse.
- A seminar series for police, social workers, teachers and all interested professionals.

Vigo County

Vigo County doctors have spoken to students in all 13 junior and senior high schools, participated in radio programs and are assisting with the Halfway House. They also are using facilities at the Light House Mission for rehabilitation of drug users, and are cooperating in phone consultations with people seeking help.

The Vigo County Medical Society spent $800 last year for drug information pamphlets which were distributed to the schools by the Woman's Auxiliary.

Dr. William Shriner, a Vigo County psychiatrist, participated in a seminar training session on drugs for teachers of the Vigo County School Corporation.

The request a few months ago to the county societies for reports on what they were doing in their communities in the field of drug abuse education brought a gratifying response. Herewith, *The Journal* presents highlights from the material that was submitted. All of the material is being turned over to the ISMA Commission on Public Health which is undertaking a study of the drug problem in Indiana with the goal of making some specific recommendations for the benefit of Hoosier physicians.—Editor.

* ISMA field secretary.

Lake County

Lake County, being as close as it is to the Chicago area, has some particular problems. Latest information indicates that in Lake County the illegal and uncontrolled use of narcotics and dangerous drugs is a fact not only in the inner city ghettos of Gary, Hammond and East Chicago, but in the upper middle-class suburbs like Munster and the farming community of Lowell.

Therefore, what in Lake County until three years ago was considered just a "problem," and then only among a highly definable criminal fringe group, has become an integral part of the life-style of a large number of diverse groups of Lake County adolescents.

Law enforcement, judicial and medical authorities are uncertain and perplexed as to why this has happened — the only thing they are sure of is that it HAS happened.

The Lake County Medical Society is attacking the problem on three fronts. First is a training program for Lake County physicians conducted by Dr. Jerome Jaffe, director of the Illinois Department of Drug Abuse.

Second, working with others, the Lake County Medical Society is developing a comprehensive drug program including everything from a prevention component and rescue unit to a detoxification and long-term treatment component for the users of narcotics and dangerous drugs.

The third step will be public education. Society representatives already have spoken before many organizations and are working with many groups, both official and unofficial, in an attempt to educate the lay public.

Owen-Monroe

Let's move to Bloomington, where physicians of the Owen-Monroe Society have been in the forefront of drug control activities, not only in the Indiana University community, but in the community as a whole.

Individually, physicians have long attended to the needs of patients, whether suffering from the effects of drugs or presenting an emotional situation seriously affecting their lives and well-being.

The earliest warnings of an expanding drug problem in the Bloomington area were sounded by Dr. Frederick Coons, a psychiatrist on the staff of the I.U. Student Health Service, and by Dr. Thomas O. Middleton, director of school health for the public school system.

The mayor established a community-wide drug abuse committee and physicians did their part in chairing or participating in the working subcommittees, including Dr. Paul Wentzler, Dr. John Miller and Dr. Charles McClary.

Under the direction of Dr. Middleton and the support of other physicians a coordinated drug control program was prepared and submitted to governmental units of the city, county and towns. This plan calls for the establishment of a semi-official commission which will provide the means to develop a community approach to the control of drug distribution, an educational program for all citizens, and provision for complete care and rehabilitation of the addict, the experimenter and the curious user. Physicians are slated for key roles in the formation and action by this commission and the program it will develop.

"Middle Way House" is a going thing because of physicians who are giving of their time and offering financial support.

Dr. Middleton has made several appearances before local and statewide groups as a part of a panel sponsored by the Kiwanis Club Drug Alert Program.

And there have been local television productions with doctors doing their part in helping put the productions together as well as participating.

Grant County

The first of the year, a group of interested citizens in Marion and Grant County was working to put together a 10-week series of seminars for teachers, church workers, social service leaders and others dealing with young people where drugs were concerned.

Like any group in such a position, funds were short. The Grant County Medical Society came through with some needed drug literature for the participants. The society also helped arrange for the showing of the drug films from the ISMA 1970 Hoosier Teen Health Happening.

Vanderburgh County

Down in Vanderburgh County, doctors are doing two things. First, they are trying to learn as much as possible about the drug problem (as are the other doctors in the state) and like their fellow practitioners elsewhere they are helping with public education.

On the learning side, the Vanderburgh County Medical Society joined with the Bar Association to hear Judge Warren Martin Jr. discuss legal problems involved in drug abuse, and to hear Dr. Donald Goodwin of the Washington University Medical School at St. Louis report on his research with marijuana and other drugs. Also scheduled to speak at a later meeting was Dr. Darrold Treffert, superintendent of Wisconsin's Winnabago State Hospital.

In the area of public education, the society contributed $200 to help finance "The Concept," a dramatic presentation produced by residents of Daytop Village in New York, a treatment center for drug abusers. This drama drew 4,000 persons to five performances.

Two months ago three Vanderburgh County physicians participated in a program on drug abuse on WFIE-TV. They were Dr. Martin E. Vancil, moderator, and Dr. Milton H. Anderson and Dr. Thomas F. Taller.

Dr. Roger E. Newton is chairman of the Evansville Drug Committee

and Dr. Anderson and Dr. Teller are the society's official representatives to that committee.

Mostly, we have talked about the larger communities in the state. What about some of the smaller ones?

Fulton County

Rochester, a quiet community in north central Indiana, is not unaware of the drug problem. Efforts of the members of the Fulton County Medical Society so far have largely been through the Rochester School System. Drug education with physicians participating is incorporated into courses in grades six through nine. Optional classes for grades eleven and twelve are offered.

A special program on drug abuse was organized by the Rochester Civil Defense Group and presented to the public in January 1970. This program included film presentations and talks by local clergymen and physicians. A short program was conducted by several former drug users from the Pendleton Project group of Lafayette.

Jay County

Jay County Medical Society sponsored an all-day meeting a year ago this month on both sex and drugs. Those attending were doctors, wives, dentists, nurses and interested personnel from the Jay School Corporation.

Jefferson County

Members of the Jefferson County Medical Society have made many talks before student groups and service clubs on various phases of drug abuse. Drs. Ott B. McAtee, John Love, Donald Rogers, Paul Bryan and Milton Lipson have been particularly active in speaking and taking part in panel discussions.

Wabash County

The mayor of Wabash has organized a committee of interested individuals to ascertain the extent of the drug abuse problem and remedial measures for the problem in Wabash and Wabash County. Several physicians have participated, including Dr. Roland B. Mernitz, president of the Wabash County Medical Society, and Dr. Michael Silvers of North Manchester.

The Wabash program has included a series of symposiums sponsored by the Mental Health Clinic as well as a large group which has investigating means. Out of this has come a coffee house for some of the senior high school students as well as other measures in an attempt to find out how to better correct the problem.

Perhaps it is appropriate in closing to quote from the Louisville Courier-Journal and Times:

"Dr. William R. Greene, a Henryville, Ind. physician who has been giving drug talks at area schools for several years as a member of the West Clark School Board, told . . . (a) . . . gathering: 'Drug abuse . . . is happening here. It's happening in Henryville, it's happening in Sellersburg, it's happening in Georgetown, all around you . . . (The problem) has come home.' " ◄

New Indiana Law Pertaining to Rendering Emergency Care

HOUSE ENROLLED ACT No. 1719

AN ACT to amend IC 1971, 34-4-12 concerning the rendering of first aid or emergency care at scenes of accidents or emergencies.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 1971, 34-4-12-1 (formerly Acts 1963, c. 319, s. 1) is amended to read as follows: Sec. 1. Any person, who in good faith gratuitously renders emergency care at the scene of an accident or emergency care to the victim thereof, shall not be liable for any civil damages for any personal injury as a result of any act or omission by such person in rendering the emergency care or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the injured person, except acts or omissions amounting to gross negligence or wilful or wanton misconduct.

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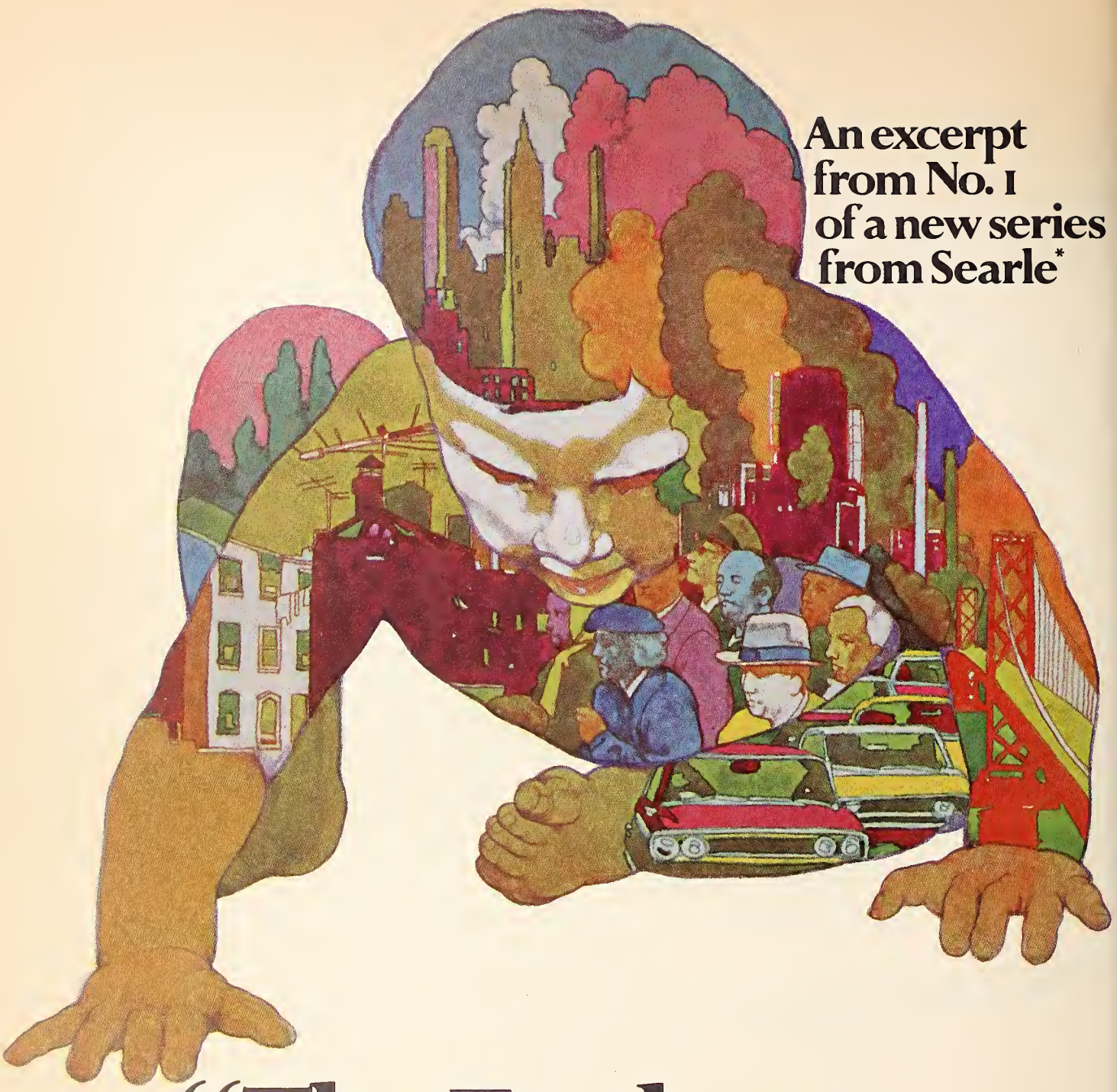

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An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Demulen is indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain [1-3] leading to this conclusion, and one[4] in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll[3] was about sevenfold, while Sartwell and associates[4] in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear, since estrogens have been known to produce tumors, some of them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Demulen. Therefore, if such tests are abnormal in a patient taking Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Demulen may mask the onset of the climacteric. The pathologist should be advised of Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted; anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T^3 uptake values; metyrapone test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral Contraception and Thrombo-Embolic Disease, J. Coll. Gen. Pract. *13*:267-279 (May) 1967. **2.** Inman, W. H. W., and Vessey, M. P.: Investigation of Deaths from Pulmonary, Coronary, and Cerebral Thrombosis and Embolism in Women of Child-Bearing Age, Brit. Med. J. *2*:193-199 (April 27) 1968. **3.** Vessey, M. P., and Doll, R.: Investigation of Relation Between Use of Oral Contraceptives and Thromboembolic Disease. A Further Report, Brit. Med. J. *2*:651-657 (June 14) 1969. **4.** Sartwell, P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thromboembolism and Oral Contraceptives: An Epidemiologic Case-Control Study, Amer. J. Epidem. *90*:365-380 (Nov.) 1969.

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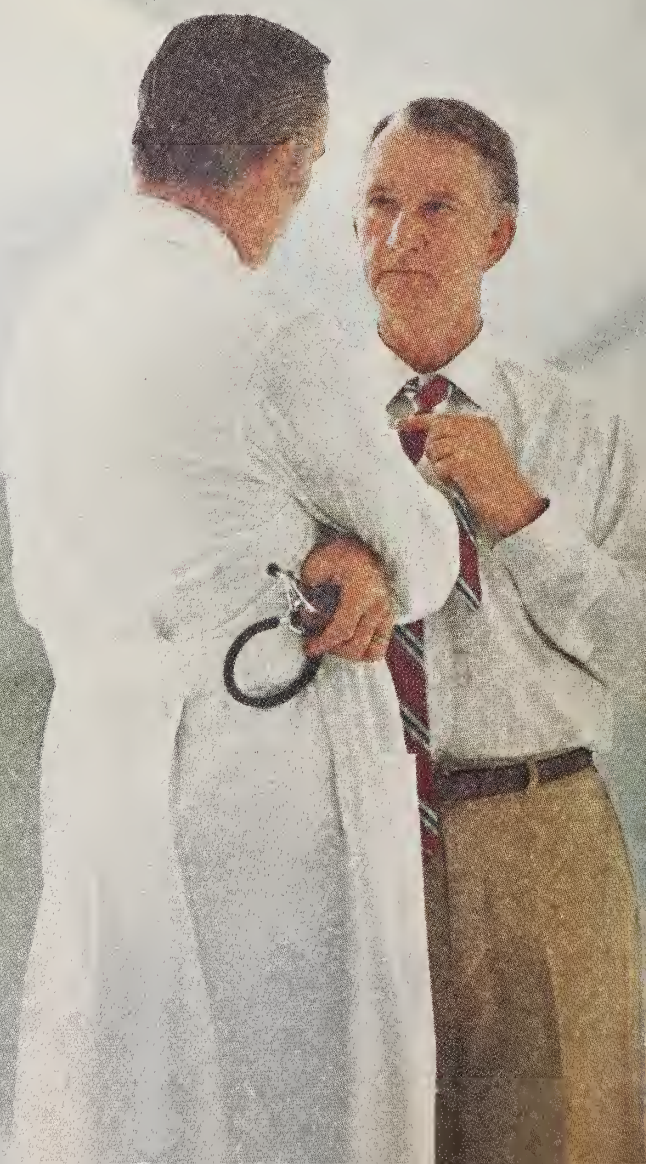

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Dwight W. Schuster, M.D., Indianapolis psychiatrist and a member of the ISMA Board of Trustees, was invited by The Journal to write this article on the treatment of drug abusers.

Drug Treatment: Avenues Open to Physicians

DWIGHT W. SCHUSTER, M.D.

Indianapolis

MORE than one hundred years ago in his "Confessions of an English Opium Eater", drug addict Thomas DeQuincy pondered the question, "How came any reasonable being to subject himself to such a yoke of misery, voluntarily to incur a captivity so servile, and knowingly to fetter himself with such a chain?"

The answer is not much more clear today; why individuals lapse into drug addiction is something no one really knows. Most doctors are agreed that the prognosis is gloomy. For the most part, physicians have been relatively inactive in trying to cope with addiction. The addict personality makes this somewhat understandable. He generally is an insecure, easily bored, unstable individual who, too often, is above average in intelligence and unable to follow long term goals such as extended treatment.

Even though there may be some question regarding the legality of treating addicts, there are actually many avenues open to physicians for treatment of drug addict problems. The AMA has established a code of ethical medical practice which has been endorsed by the Federal Bureau of Narcotics. Ambulatory withdrawal in the doctor's office is generally medically unsound and is not recommended; but the physician may, in a controlled environment such as a hospital, treat any addict who wishes to withdraw. He may also administer narcotics in a hospital for the purpose of relieving withdrawal symptoms. He may administer substitute narcotics on a daily dose basis to relieve withdrawal symptoms for a period up to two weeks, pending the patient's admittance to the hospital.

The changing nature of the addict population at the present time reinforces the need for flexibility in the establishment of treatment programs. There is no single approach which will eliminate the problem. Prevention is undoubtedly the only successful approach to controlling drug addiction. As with a patient with heart disease, a diabetic, or a neurotic, good therapeutic procedure with a drug addict requires the establishment of criteria for the individual's physical, psychological, and social function and disfunction.

For each patient it is necessary to identify the kinds of social and medical adaptational problems which he faces. Goals must be individually selected for each patient with such factors as the patient's age, sex, race, occupation, psychiatric diagnosis and pattern of drug use taken into consideration. Along with health education, medical care and counseling related to problems of work, family, leisure, budgeting, legal difficulties and rehabilitation, there is usually a place for group psychotherapy. Individual psychotherapy may be used but may need to be modified, as established patterns of psychotherapy have proved of relatively little value to many addicts.

Because of the difficulties of involving narcotic addicts in most treatment programs and the lack of success of most programs, attention in recent years has turned toward utilization of various pharmacological compounds in an attempt to achieve social rehabilitation of narcotic addicts. Probably the best known effort in this direction is the maintenance of addicts on methadone. This long acting synthetic narcotic establishes a cross-tolerance which prevents the euphoria for which addicts presumably use heroin. At the same time the methadone satisfies their craving for drugs. A second drug, cyclazocine, is a potent and active narcotic antagonist which is also a powerful analgesic. This drug deprives the narcotic of its desired effects and may serve as a crutch which strengthens the addict's will to abstain. Few people believe that the pharmacological approach is enough to build a total therapeutic regimen.

It is essential that all treatment programs take place where there is an on-going broad program providing social, medical, psychiatric and other services for addicts. Treatment can artificially be divided into the short

term or acute phase versus the long term or rehabilitative phase. Hospitalization may be used for control of the acute symptomatology plus control of the use of drugs and a general diagnostic workup. As consistent with the scientific approach in medicine, treatment is dependent on diagnosis of underlying factors bringing about drug usage. In many instances the factors are predominantly sociological. In some, as with alcoholism, drug usage is a part of and a covering for, underlying psychopathology. The public and some enthusiastic professional personnel clamor for more hospital beds and admission of addicts to hospitals. They do not recognize the complexity of the problem, and the fact that hospitalization is usually only a small part of the treatment program, and, in fact, may not really contribute too much to success. Many addicts frequently enter hospitals for detoxification, professing to be interested in cure, but actually are interested only in reducing their tolerance and thus the cost of their habit.

There is one area which physicians must recognize as entirely within their purview — that is, the treatment of acute and serious side effects from drugs. This can be quite complex because of the multitude of new drugs or compounds with changing fads in their usage. The factors of indiscriminate ingestion of drugs by many users plus the element of contamination and adulteration adds to the difficulty in treating. The primary goal of emergency medical treatment should be protection of the patient from dangerous behavior. In other words, feelings of omnipotence or panic may lead to serious irrational behavior. Treatment should begin with verbal contact without the use of tranquilizers if possible. Reassurance and reality defining are often sufficient. Sedative medication may be needed where severe ego-disruption has occurred. The mixing of psychoactive agents with anti-cholinergic alkaloids makes treatment with phenothiazines potentially dangerous, as it may cause marked central nervous system depression.

Other elements of treatment include the fact that the patient should not be left alone. There should be a quiet place away from such stimulation as noise and lights. Attempt must be made to determine what drugs presumably have been used, how much and when. Simple repetitive statements about time, person, and place often will give reassurance and aid in the reality defining. Emphasize the temporary nature of the drug effect. "Coming down" or the coming out of the drug effect is an in-and-out process and therefore one needs to stay with the individual until stable. If sedative medication is necessary, choose a short acting barbiturate or Librium intravenously, if necessary. The old standby, paraldehyde, is still an effective drug in these drug conditions as it is with delirium tremens of alcohol.

All hospital units maintain reference lists for the use of emergency room personnel in drug emergencies. In addition, *The Medical Letter* in the August 7, 1970, issue published a concise article on the diagnosis and management of reactions to drug abuse. Also the February 1970 issue of *Resident and Staff Physician* contained a special article on the emergency treatment of drug abuse and poison ingestion. The National Association of Blue Shield Plans has published a good pamphlet entitled "Drug Abuse: The Chemical Cop-Out," which covers the entire subject in some detail.

In conclusion, medicine and society are moving toward solutions and although the problem is and will remain very complex, the mounting public concern may accelerate the discovery of more successful treatment programs. ◄

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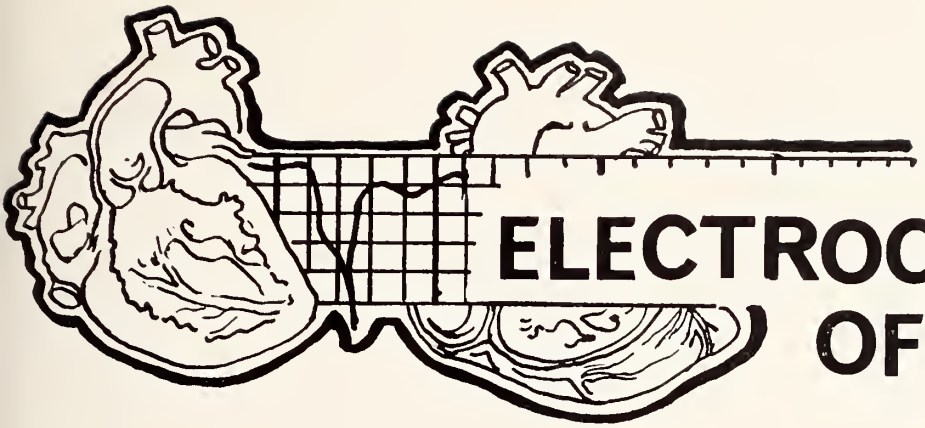


ELECTROCARDIOGRAM OF THE MONTH

Arrhythmias Complicating Myocardial Infarction

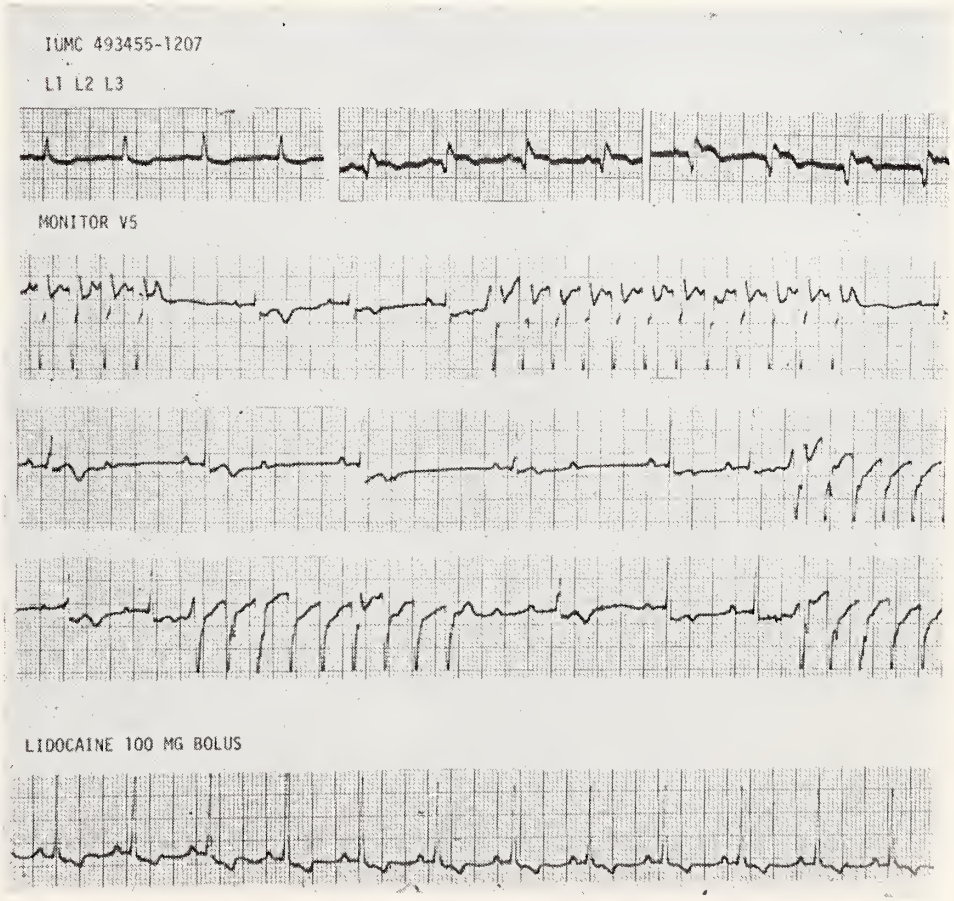
*CHARLES FISCH, M.D.**

Indianapolis

ARRHYTHMIAS, especially ventricular in origin, are a frequent complication of acute myocardial infarction (AMI). Their control has contributed considerably to the reduction of mortality during the early phases of AMI.

The accompanying electrocardiograms were obtained from a 57-year-old man with an acute inferior MI (top row) as shown by Q waves and elevation of ST segment in Leads II, III and a reciprocal depression of the ST segment in Lead I. Following admission to the hospital the patient developed repetitive runs of ventricular tachycardia at a rate of about 210. Each episode is accurately coupled to the preceding normal sinus impulse, the QRS is grossly aberrant and each run is terminated by a "compensatory" pause. Obviously supraventricular tachycardia with aberrancy cannot be ruled out with certainty, but the features enumerated suggest ventricular origin of the arrhythmia. In addition, the patient demonstrated 2:1 AV block (row 3) and occasional atrial premature systole (sixth P wave in row 3). The two successive P waves following the run of ventricular tachycardia in row 4 were not seen again during prolonged monitoring and thus they are difficult to evaluate.

The episodes of ventricular tachycardia were controlled with a 100 mg bolus of lidocaine followed by a drip of 2 mg per minute. The prompt response to lidocaine suggests that these runs were ventricular in origin. ◄



* From the Krannert Institute of Cardiology, Marion County General Hospital and the Department of Medicine, Indiana University School of Medicine, Indianapolis 46202.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT — March 1971

Disease	Mar. 1971	Feb. 1971	Jan. 1971	Mar. 1970	Mar. 1969
Animal Bites	580	435	267	516	556
Chickenpox	668	592	458	506	714
Conjunctivitis	167	163	172	164	141
Diphtheria	0	0	0	2	0
Dysentery, Unspecified	18	43	9	5	89
Gonorrhea	470	494	579	608	485
Impetigo	125	84	156	107	93
Infectious Hepatitis	54	55	17	69	35
Infectious Mononucleosis	125	77	73	76	123
Influenza	2896	1686	2551	5041	8788
Measles					
Rubeola	429	37	8	59	131
Rubella	228	224	163	399	338
Meningococcic Meningitis	1	4	1	6	7
Meningitis, Other	1	7	0	2	6
Mumps	1146	691	618	369	337
Pertussis (Whooping Cough)	14	19	13	7	3
Pneumonia	592	518	570	479	295
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1258	993	894	1025	1608
Syphilis					
Primary & Secondary	22	26	29	51	30
All Other Syphilis	90	141	83	115	117
Tinea Capitis	6	6	7	3	6
Tuberculosis (Active)	43	77	77	75	91

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Medical Civics

THE course in Medical Civics, which is directed each year for the second-year class of Indiana University School of Medicine by Dr. Donald E. Wood, was expanded this year to extend over a five-day period. A four-hour lecture period each morning was held in the Myers Building Auditorium of the Marion County General Hospital. Attendance, which is not compulsory, was especially good.

The subjects for the first day were medical jurisprudence and medical ethics. The second day discussion was on the organization of American medical practice, including solo practice, group practice and the role of the general hospital in providing health care.

Paramedical services, physicians' assistants, medical social workers, and the hospital hierarchy were covered on the third day, and Dr. Walter Bornemeier talked on "Role of the American Medical Association in American Medicine."

The fourth day subject was health care delivery. Dr. Raymond Murray talked on "New Programs in Health Care Delivery." Kaiser Permanente, the Southside Community Health Center in Indianapolis and the Meharry Medical College Program were described.

The final day covered the Indiana legislature, insurance legislation and labor's views. The grand finale was "Trends for the Future."

Medical Civics has grown and improved from year to year. Experience of past performances and the advice of students and faculty has molded the content and enlarged the teaching staff.

Many things a doctor needs to know are, of necessity, learned after graduation. It is never too early to master the subjects in this course. Medical Civics is properly a part of undergraduate education. The medical profession can be proud of its development at Indiana.

Protecting the Ears from Noise

FARMS are noisy places. Farmers have greater loss of hearing than the general public. Tractors, chain saws, grinders, grain dryers and guns are responsible. The Cooperative Extension Service of Purdue University has investigated and is now recommending ways and means of prevention.

The Purdue Agricultural Engineering Student Clubs are selling one brand of protective device. The Extension Service will furnish the names and addresses of other companies with good equipment.

The best protection is provided by an earmuff type of device which is similar to that worn by the ground crew for jet aircraft. One model provides the most effective attenuation in the low frequency range, which is predominant in tractor noise.

All models fit all headsizes and can be worn with glasses. One model is arranged so that almost any type of headgear may be worn—particularly suitable for jobs such as logging — when hard hats should also be worn.

Low pitched noise which is characteristic of tractors does its initial damage in the range of higher pitched sound. For this reason the ability to hear high pitched sound which is above conversational levels is lost to a considerable degree before the victim is aware of it. It takes only a little more exposure to noise to seriously impair perception of conversational tones.

Workers are sometimes hesitant about wearing earmuffs because of the fear that they will not be able to hear the things they want to hear — the voices of fellow workers, the tractor radio or sounds that indicate

trouble with the machinery. Actually the ear protectors make little difference. The sounds the farmer wants to hear are diminished, but so is the noise of the machinery. The ratio is often improved so that normal conversation can be heard better when earmuffs are worn in noisy situations.

Purdue observers have noticed that workers who are protected from noise not only protect their hearing but show less signs of stress, do not feel as tired and are not as irritable.

Residents anywhere in Indiana may contact the office of their Cooperative Extension Service for further information and to be put in touch with the proper persons at Lafayette.

Guest Editorials

Preventive Medicine: An End to Lip Service

IT is my belief that all plans and proposals currently being proposed to solve the health care crisis are doomed to fail.

The heart of the matter is that our society is generating more health care needs than any system can successfully manage. Despite the now-fashionable lip service given to "preventive care," there is virtually no proposal which really addresses itself to this indispensable but sadly neglected aspect of health care. This is true of all the bills competing for primacy in the Congress, including that of the American Medical Association. No revision of methods of financing, no fine-tuning or restructuring of administrative bureaucracies, no building program of health science centers (126 or 1260) will do much to really solve the problem.

Our high maternal mortality results from poverty and ignorance. (Forty-five percent of women admitted to *public* hospitals in labor have never had a prenatal examination.) Our high infant mortality results from poverty-stricken and ignorant mothers taking their newborn babies back to the squalor, filth and malnutrition of their rural and urban slums.

Preventive medicine requires a direct attack on poverty and ignorance to significantly improve maternal and infant mortality.

The automobile slaughters more than 55,000 per year and maims and seriously injures one-half million. Special trauma teams and facilities in emergency rooms, helicopter transport and helipads at hospitals are very valuable in saving lives but do not represent *preventive* medicine.

Preventive medicine means stopping the slaughter from occurring by restriction of the indiscriminate use of the privately operated automobile, by effective control of the alcoholic driver, etc., etc.

Twenty thousand gun deaths and 200,000 serious gunshot injuries occur yearly in the United States. The victims are fascinating problems and clinical challenges, but multiphasic screening and prepaid medical care will not change the demand that this peculiarly American aspect of our society places on the health care system.

Effective gun-control laws at federal and state levels would, in effect, be major preventive medical action, much cheaper in dollars and infinitely cheaper in lives.

Very recently another burden has been placed on the health care system, abortion. The vast majority of unwanted pregnancies result from ignorance or carelessness, not from the failure of contraceptive measures. It is folly to make abortion readily available without a concomitant educational drive to disseminate contraceptive information. Not to get pregnant is cheaper and healthier than to have an abortion.

The spiraling increase of respiratory afflictions is directly attributable to environmental pollution. Respiratory therapy and pulmonary function laboratories are vitally needed, but are therapeutic "after the fact." Aggressive anti-pollution and environmental restoration legislation would be dynamic preventive medicine.

In this vein, government purchase of huge tracts of seashore, wetlands and wilderness areas located hundreds or thousands of miles from the major concentrations of population is desirable. As a card-carrying member of the Wilderness Society, the National Parks Association, etc., I support this. However, because of time and affluence requirements, these areas may be used by a minority of our citizens for a couple of weeks out of the year. It is much more important to restore the environment of our cities and suburbs where 90% of our population spend 90% of their time. Researchers might find this an exceedingly difficult area in which to conduct meaningful studies, but one must suspect that the ugliness and surliness of our cities contribute significantly to the unchecked death rate from cardiovascular disease.

Epoxy compounds in smog have already been identified as both carcinogenic and mutagenic. Preventive medicine calls out for their elimination.

No doubt more knowledgeable physicians and scientists could expand this list *ad infinitum*. In fact, one suggestion proposed here is a call for all to do so.

It is time that all medical societies, all hospital associations, all health insurance plans, all hospital boards of directors, all medical school educators, change tactics. We have no need to be defensive and apologetic. We have our Judases and our incompetents but they are a very small fraction of our profession.

It is time we stopped crawling to our lawmakers, state and federal, begging for minimal funds with which to do an all but impossible task.

It is time we demanded that they do their job so that we can do ours.

It is time the American society eliminated truly preventable disease. **—Harold S. Rafal, M.D., *Delaware Medical Journal*, March 1971. Reprinted with permission.**

Patient Review — Who Knows?

YOU know, I'm beginning to wonder with all this recent clamor over the "crisis" in health care delivery whether we doctors should be so quick to accept all the blame that's being thrown our way. I believe that so far there is a segment of the population which has literally gotten off "scot-free" in regard to its responsibility in health care—namely, the patients.

If you will take time to analyze the reasons that people call for your services, just how many of them are unavoidable medical or surgical conditions and how many are really self-induced, whether by neglect or carelessness? I would even include pregnancy, psychiatrically oriented complaints, accidents, self-diagnosed and self-treated medical conditions, improper following of instructions as some of the basic reasons why people seek medical care.

I was recently at a medical meeting where one of the physicians stated that on a given day in his small community hospital of about 125 beds, he did a cursory survey of the admitting diagnoses of the patients then currently hospitalized. He even had the post partum nurses "nose around" and indicate how many of the women on the post partum floor were there as a result of delivery of a truly planned pregnancy, and he came up with the indication that a full 40% of the patients then hospitalized were there of their own causation. Imagine if one could cut hospital demands by 40%, or even 20%! Imagine if the busy practitioner could reduce his work load of unnecessary "emergencies" and concentrate his efforts on the truly necessary medical problems.

I don't know what the exact answer is, but I think it's time to inform the public that while we don't object to caring for the valid medical needs of the country, they too should feel a sense of responsibility to themselves not to abuse this privilege.

I guess this is another way of saying "Patient Utilization Control." If we are expected to provide peer review or practice standards review, how about a patient utilization review organization? I feel it's time that we speak out and ask that the "blame" be placed where it truly belongs. **—Jerry L. Stucky, M.D., President, Fort Wayne Medical Society, *The Bulletin of The Fort Wayne Medical Society*, March 1971. Reprinted with permission.**

Editorial Notes . .

Dean Varro E. Tyler of the Purdue School of Pharmacy is firmly of the opinion that marijuana will never be legalized in the U.S. He thinks that its hallucinogenic effect prevents its being considered as an intoxicant in the same league as alcohol. Dean Tyler is considered an authority on hallucinogenic drugs.

The American Hospital Association has announced its plan for Utopian medical care for all Americans. It is called Ameriplan and would consist of health care corporations of varying sizes which would include all residents of each area involved. The AHA says the health care corporations will "assume the responsibility and accountability for providing health care to all persons in a defined community." If organized on this premise, the scheme is doomed to failure—every person or every person's parent is responsible for his own health. This responsibility canot be transferred to anybody else and certainly not to a corporation. The biggest defect in health care today is that too many people are trying to avoid this personal responsibility.

Dr. Charles J. Glueck, professor of medicine, University of Cincinnati, advocates obtaining samples of cord blood from newborns for estimation of cholesterol content. About one child in 100 live births has provided evidence, confirmed later by family wide studies, of Familial Type II hyperlipoproteinemia. Early diagnosis will give the opportunity for early treatment.

The University of Oregon Medical School is testing a very small hearing aid in laboratory animals. The device is small enough to be implanted in the ear for a lifetime of service. Animal trials are necessary to insure that the aid will not damage the human ear by tissue rejection or other untoward effect. ◄

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TAX TIPS

by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

THE Tax Court has just held that a resident physician at a hospital was not entitled to exclude from his gross income the amount paid to him under the residency program. The resident argued that the amount should be excluded as a scholarship or fellowship, but the Tax Court stated that the amount was compensation for services rendered. Certainly, each Indiana hospital should request its attorneys to examine the hospital's residency program to determine whether the program qualifies to exclude from gross income the amounts paid or furnished to persons under the program, e.g., the value of services or property (food or lodging) furnished to such persons, or amounts paid to them in lieu of such services or property.

The Ninth Circuit Court of Appeals also has just held that no part of the salary or fair rental values of the room of a "live-in, domestic helper" is deductible as a medical expense for income tax purposes where the helper is unskilled in medical services and the services rendered are primarily for housekeeping. I disagree to the extent that payment for the services can be allocated, in any amount, to medical-type services. At any rate, remember this Tax Court case, when you advise your patients to seek domestic help due to an illness.

There are many provisions in the federal tax law which permit substantial tax-savings to the parent of a minor child. Below is a checklist of some of these tax-savings methods. It is assumed that the minor child is in a lower income tax bracket than the parent. Also, for income tax purposes, a *minor* child is either a male or female who is under 21 years of age.

—A parent may employ his minor child in the parent's business (e.g., during the summer when part-time help is needed to substitute for full-time help who are on vacations) and the parent may deduct a reasonable salary paid to the child.

—Earnings of a minor child are includable in his own gross income, not in his parent's. Thus, a parent may be able to recommend his child's services to the parent's friends or business acquaintances in order to shift income to the child.

—A minor child may become a partner in the parent's business in order to shift income to the child. The child may even acquire his partnership interest by gift from his parent.

—A parent who owns and works for a close corporation may transfer common shares in the corporation to his minor child so that dividends of the corporation will be taxed to the child instead of to the parent. A child is entitled to his own dividend exclusion. If the corporation has elected to be treated under Subchapter S of the Internal Revenue Code, then shares may be transferred to the child so that the taxable income of the corporation will be taxed (as a constructive dividend) at the end of the corporation's taxable year to the child instead of to the parent.

—A parent, who needs certain property in his business, may sell or give the property to his child, and then lease the property back from the child. With proper planning, the rent will be taxable to the child and the parent will be able to take a business deduction for it.

—A parent may transfer to his minor child property which has appreciated in value over the parent's adjusted basis for the property, and if the child later sells the property, the gain will be taxed to the child instead of to the parent.

—A parent may give U.S. Series E bonds to his minor child, have the child elect to report the income each year as income accrues, eliminate the gross income with the child's personal exemption and standard deduction, and have the child receive tax-exempt income when the child cashes in the bonds, e.g., for college, at the maturity of the bonds.

—A parent may transfer cash, securities, or insurance policies to a custodian under the Indiana Uniform Gifts to Minors Act for the benefit of his minor child and have the income taxed to the minor instead of the parent. Further, the transfer may not be subject to estate and gift taxation.

—A parent may transfer any type of property to a trust for the benefit of his minor child and have the income taxed to the trust instead of to the parent. Depending on the type of trust, the transfer may not be subject to estate and gift taxation.

—Even if a child is not a minor, but is a student, it may be beneficial to the parent to transfer income property (real estate, stocks, bonds, etc.) to his child in order that the child may use the income to pay for his schooling expenses (tuition, books, food, lodging,

etc.). The income will be taxed to the child, and if the child still receives over one-half of his support from his parent, the parent may take an income tax exemption for the child.

—A parent may be able to deduct certain expenses that he pays for the care of his minor child in order that the parent may earn a living.

—A parent may deduct an exemption for his minor child, on the parent's income tax return, if the child receives over one-half of his support from the parent and the child has a small amount of gross income. Even if the child has $1,000,000 of gross income, the parent may still deduct an exemption for the child if the support test is met and the child is either a student or under 19 years of age. The support test may be met even in the case of the child earning a $1,000,000—if the child doesn't use his earnings so as to prevent his parent from providing over one-half of the child's support. Scholarships are not included in the support computation. The parent may not deduct an exemption for a dependent child if the child is married and files a joint income return with his spouse.

—Alimony, separate maintenance, and support payments are gross income to the wife and deductible by the husband if they meet certain tests. However, to the extent such payments are specifically provided to be minor child support payments, they are not gross income to the wife nor deductible to the husband. In the latter case, though the husband may not deduct the payments, he may use them in his computation of support in order to determine whether he may deduct an exemption for his minor child.

—An unmarried parent may be able to use the head-of-household income tax rates if he maintains his home as the principal place of abode of his child.

—If a minor child is married, the child may file a joint income tax return with his spouse. ◄

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ISMA Makes Tape Recordings Available on Malpractice Sessions

A joint conference, directed chiefly to the subject of malpractice, sponsored by the Indiana State Medical Association and the Indiana Hospital Association, was held Wednesday, March 24, 1971, in the Indianapolis Hilton Hotel.

Featured speaker at the conference, which attracted 160 physicians, hospital administrators and representatives of hospital boards of trustees from throughout Indiana, was Raymond Robillard, M.D., Montreal.

Doctor Robillard, who is president of the Quebec Federation of Medical Specialties, spoke on "The Medicaid Strike in Quebec."

Other speakers included Mr. A. John Smither, Philadelphia, whose subject was "What We Found Out About Malpractice." Smither is a former deputy insurance commissioner in Pennsylvania.

Carl W. Wasmuth, M.D., Cleveland, chairman of the American Medical Association's Committee on Medico-Legal Problems, discussed "Do the Blues Have a Responsibility in Malpractice?" and Mr. Howard "Hap" Hassard, San Francisco, concluded the day's program on the subject of "California Hospitals' Arbitration Plan."

Malcolm O. Scamahorn, M.D., president of ISMA, and Mr. Harry T. Haver, vice president, IHA, presided over the sessions.

Tape recordings were made of each session. They are available to members of ISMA and to medical societies upon request. ◄

"DO the Blues Have a Responsibility in Malpractice?" was the topic on which Carl W. Wasmuth, M.D., Cleveland, addressed the recent conference on malpractice. At the speaker's table with him are ISMA President Malcolm Scamahorn and Harry T. Haver, vice president of the Indiana Hospital Association.

IT was an attentive audience that greeted the speakers at the March 24 conference.

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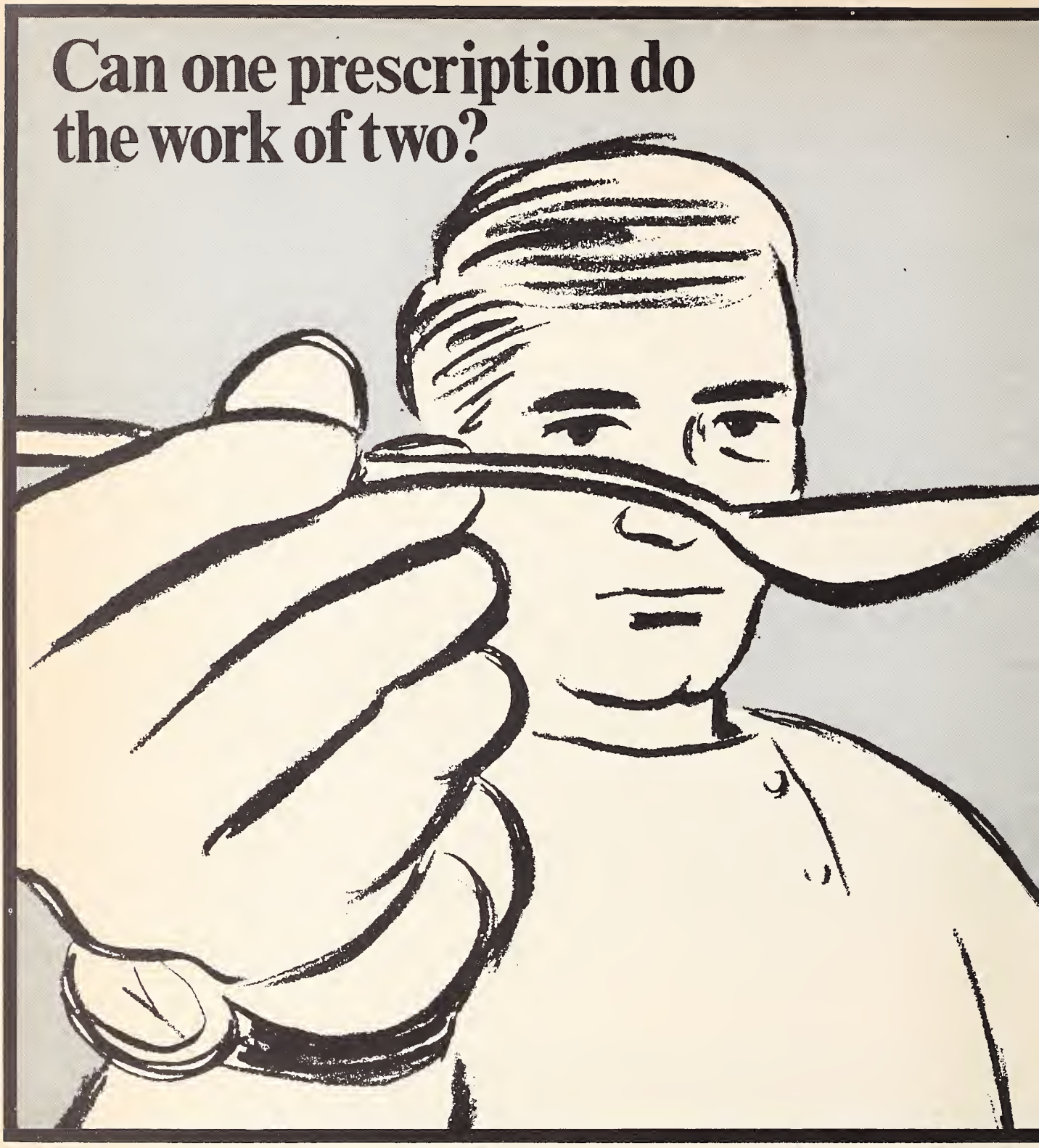

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Increases and Changes in Blue Shield Payments

The table below graphically indicates changes in Blue Shield payment patterns, analyzed in terms of medical classifications. For example, payments for anesthesia, out-patient diagnostic x-ray and pathology, and psychiatric services were not available in 1950. But in 1970, only twenty years later, anesthesia payments already totaled $3,738,581, and out-patient diagnostic x-ray and pathology payments reached $8,378,504. Payments for in-hospital medical services increased from $27,198 in 1950 to a $5,921,085 total in 1970. Psychiatric services, which appeared for the first time in 1967 and totaled $195,071, rose to a 1970 total of $354,179. Blue Shield Medicare Supplement payments for the year 1970 totaled $5,605,268.

MEDICAL CLASSIFICATION	AMOUNT PAID 1950	AMOUNT PAID 1970
SURGICAL:		
T & A	$ 209,595.50	$ 944,942.92
Eye, Ear, Nose & Throat	114,100.50	2,092,212.06
Appendectomy	299,887.00	528,171.52
Hernia	89,120.00	991,150.62
Abdominal	179,400.00	2,036,804.36
Proctology & Urology	178,548.00	2,497,430.95
Orthopedics	222,170.20	3,559,399.91
Radiation Therapy	28,187.50	408,199.34
All Other Surgical	215,930.00	6,678,390.62
Total Surgical	$1,536,938.70	$19,736,702.30
PSYCHIATRIC:	*	$ 354,179.88
MEDICAL:	$ 27,198.50	$ 5,921,085.93
MATERNITY:		
Deliveries	$ 458,486.00	$ 3,715,859.80
Gynecology	398,938.00	3,252,536.15
Total Maternity	$ 857,424.00	6,968,395.95
ANESTHESIA:	*	$ 3,738,581.82
DIAGNOSTIC:	*	$ 8,378,504.28
MEDICARE SUPPLEMENT:	*	$ 5,605,268.07
GRAND TOTAL	$2,421,561.20	$50,702,718.23

* These benefits were not available in 1950

ABSTRACTS, BOOK REVIEWS

ERRATA

The number of pages and the price of the "Handbook of Biochemistry," published by the Chemical Rubber Co., Cleveland, were incorrectly listed in the April issue of *The Journal*.

The number of pages, including index, is 1696, and the post-publication price is $37.50.

***The Journal* regrets any embarrassment caused by the error.**

HANDBOOK OF PEDIATRICS, 9TH EDITION

Silver, H. D., M.D.; Kempe, C. H., M.D.; Bruyn, H. B., M.D., Lange Medical Publications, Los Altos, Calif., 1971.

This is the 9th edition of an excellent, up to date, pocket sized textbook of pediatrics. The number of printings attests to its popularity and usefulness.

A vast quantity of pediatric information has been boiled down to its essence and is presented in a concise, informative way. Comparative data, in table form, is a quick reference feature of several chapters.

The field of pediatrics is well covered in this miniature volume of 686 pages. It can serve as a quick solution for an urgent problem or as a point of departure for a broader approach to a given subject.

A carefully prepared index contributes to its value.

The medical student, resident or busy practitioner would do well to have a copy.

HAROLD D. LYNCH, M.D.
Evansville

THE EARLY ORTHOPAEDIC SURGEONS OF AMERICA

Alfred R. Shands, Jr., M.D., published September 1970 by the C. V. Mosby Co., St. Louis, 183 pages, plus index, with 156 illustrations; $15.00.

This book is difficult to review because it is a collection of separate biographies of twelve pioneer orthopaedists in this country. A good birdseye view, allowing the previously meager correlation of all these accounts to be accomplished in the reader's mind, is provided in a summary. Perusal of this last chapter is made easy and interesting by its arrangement with a page for each man, including his photograph. To show the importance of these men, it is necessary to give a bit of the meat of each chapter.

William Detmold (1808-1894)—born in Hanover, Germany, he introduced into the U.S. (1837) the tenotomy techniques of Louis Stromeyer. "In 1842 he gave the first series of orthopaedic lectures in America at the College of Physicians and Surgeons in New York. In 1841 he established the first public orthopaedic clinic in America" at the same college. He helped reorganize the medical corps of the Union Army in the Civil War. He invented a combination knife and fork for one-arm amputees, called the Detmold Knife, or sometimes the "Single-Hander." "Considered by the author to be the first orthopaedic surgeon in America."

Louis Bauer (1814-1898)—Born in Stettin, Germany, principal founder of the Orthopaedic Institution of Brooklyn, 1854, and assisted in founding the Long Island College Hospital and Medical School. Published first American orthopaedic textbook, a classic of its day. In 1869 went to St. Louis and was a founder of the St. Louis College of Physicians and Surgeons.

Lewis A. Sayre (1820-1900)—the foremost orthopaedic surgeon of his time, invented the "Sayre jacket," a clubfoot shoe, and a dressing for fracture of the clavicle. As health officer of New York City he set up effective quarantine regulations for the Port of New York. As President of the American Medical Association in 1880 he recommended the AMA publish a journal instead of transactions; this was begun in 1882.

Henry Gassett Davis (1807-1896)—he established the "American School of Orthopaedic Surgery" and the American method for correcting severe contractures and deformities by elastic extension. This method revolutionized treatment and helped raise orthopaedic surgery from its obscure position into a special branch of medicine.

James Knight (1810-1887)—founded the Hospital for the Ruptured and Crippled at New York City - another "father of American orthopaedic surgery." Was one of the first to emphasize attention to the whole child, including education, both religious and and secular, while a patient in the institution.

Virgil P. Gibney (1847-1927)—head of Hospital for Ruptured and Crippled for 37 years. "The twenty-year period from 1890 to 1910 has been spoken of as the period of the first real development of modern orthopaedic surgery in this country. Gibney, as the head of America's leading orthopaedic institution of that period, played an important role in this development." He established the first resident training program in this specialty.

Charles F. Taylor (1827-1899)—he used psychotherapy along with exercises, braces, etc. in rehabilitating the orthopaedic cripple, and was the founder of the New York Orthopaedic Dispensary and Hospital.

Newton M. Shaffer (1846-1928)—he succeeded Dr. C. F. Taylor as surgeon-in-chief of the New York Orthopaedic Dispensary and Hospital and under him it "became one of the most important institutions of New York City." St. Luke's Hospital "was the first large general hospital in the United States to recognize orthopaedic surgery as a specialty and to establish a separate service," and in 1872 "Shaffer became the first orthopaedic surgeon in charge of the department." He was another orthopaedist to believe and to write that "the medical and surgical treatment of the physical ills of the body should always be supplemented by a similar effort to educate the mind in the cripple."

John Ball Brown (1784-1862) and Buckminster Brown (1819-1891)—father and son, New England's early orthopaedic surgeons. In 1838, John B. Brown opened the Orthopedique Infirmary which later became the Boston Orthopedic Institution. This led to recognition of Boston over about three-quarters of a century "as one of the outstanding orthopaedic centers of the United States, if not of the world."

Buckminster Brown "is credited with having been the first orthopaedic surgeon in the United States to devote his practice exclusively to orthopaedic surgery and has been called the 'father of children's orthopaedics in America.'" From the age of 14 he

was an invalid for eight years with tuberculosis of the spine and later kyphoscoliosis, but he practiced his profession for 50 years. His most famous pupil was Edward H. Bradford, of Boston.

Edward H. Bradford (1848-1926)—with a thorough education, both here and abroad, he was an excellent general surgeon in which he maintained his interest, "believing that orthopaedics must be developed from and through general surgery." His residents "became recognized leaders in the specialty, such as Robert W. Lovett, Elliott G. Brackett, Joel E. Goldthwait, Augustus Thorndike, Robert B. Osgood, Arthur T. Legg, and James W. Sever." This was at the Children's Hospital. In 1894 he and Dr. Augustus Thorndike established the Boston Industrial School for Crippled and Deformed Children which became the model of its kind for many other schools throughout the country. Dr. Bradford also "was instrumental in having the legislature of the State of Massachusetts pass a bill authorizing the establishment of the Massachusetts Hospital School for Crippled Children at Canton," in 1904. In 1912, at age 64, he became dean of the Harvard Medical School and served six years. He made many original contributions, including the Bradford frame and traction hip splint.

DeForest Willard (1846-1910)—he was Philadelphia's pioneer orthopaedic surgeon, though born at Newington, Connecticut. At age 18 months he had polio which resulted in a partially paralyzed leg and a clubfoot deformity. He had studied at Jefferson Medical College for one year when in 1864 Dr. D. Hayes Agnew, of the University of Pennsylvania performed an Achilles tenotomy which was highly successful, though shortening of the leg required use of a cane thereafter. It is said that his childhood affliction was his great inspiration in life. He was the first professor of orthopaedic surgery in a medical school in Philadelphia, and established the first crippled children's ward in Philadelphia at the University of Pennsylvania Hospital. "In 1906 he was instrumental in establishing the Widener Memorial Industrial Training School for Crippled Children."

It is good for us moderns to review at times the deeds of our predecessors. These 12 men were all rather long lived for their century (only one was less than 71, five were 80 or more, and six were from 71 to 79), and all had tremendous energy and fortitude. One cannot help but wonder how far these men would have gone had they had our advantages. This is, of course, a "must" book for orthopedic residents and a good one for any medical student or practitioner.

A. W. CAVINS, M.D.
Terre Haute

PATHOGENESIS AND ETIOLOGY OF DEMYELINATING DISEASES

A symposium held in Hamburg, Germany in 1967, organized by E. Pette and O. Westphal and edited by K. Burdzy and P. Kallos. Nearly 100 participants from almost entire world. Published by S. Karger of Basel, Switzerland, 701 pages with numerous illustrations and tables; $35.00.

As of today, this enormous tour de force is just about the last, authoritative word on a still baffling subject. And so, at the very start of this review, I beg permission for a digression that I believe is most pertinent to what follows.

In this last third of the 20th century we live in a transitional era very comparable to the century between the work of Lavoisier, Benjamin Franklin and their peers and the work of such as Virchow, Pasteur, Koch, Einstein and all *their* peers. No one could foresee what the discovery of electricity and purified "phlogiston" would produce. Proud as we are of our great advances today, we really are just adumbrating what the electron microscope, thin layer chromotagraphy and mass spectroscopy will reveal — the end of *this* road is still veiled in a thick mist. In the present massive tome, some hundred or more of the research workers in this abstruse frontier of medicine gathered to exchange their findings. The language is German. No one can fault that. However, I do object to the translator spelling in English "shadow" with two d's and "innocuous" with only one n. Call me a pedant, if you will. More serious is the literal translation of the German prose. The subject at the beginning with a huge mass of words in the middle and the verb hanging at the very end irks me; especially when I'm trying to make sense of a subject obscure by any standard.

The binding, paper and printing are superb. It is too bad that the subject still is begging for answers. I *hope* that within the decade SOMEONE will be giving us terse, understandable summaries in one tenth the space this tome takes.

ARNOLD LIEBERMAN, M.D.
New York City

Abstracts From Various Literature, Prepared by AMA

45,X CELL LINES IN ADULT MEN: LOSS OF Y CHROMOSOME. A NORMAL AGING PHENOMENON?

R. V. Perre and H. C. Hoagland (Mayo Clinic, Rochester, Minn. 55901)

Mayo Clin. Proc. 46:52-55 (Jan.) 1971.

Direct bone marrow chromosome studies have demonstrated the loss of a small acrocentric chromosome in six adult, phenotypically normal men. Morphologic criteria and fluorescent staining studies suggest that the missing chromosome is a Y chromosome. The high frequency of this abnormality and the lack of a common disease in these patients suggest that loss of the Y chromosome in bone marrow may be a normal process in the aging male.

CLINICAL AND LABORATORY EVIDENCE FOR INACTIVATION OF GENTAMICIN BY CARBENICILLIN

J. E. McLaughlin (Royal Free Hosp., London) and D. S. Reeves

Lancet 1:261-264 (Feb. 6) 1971.

The antimicrobial activity of gentamicin has been found to be antagonized by the antibiotic carbenicillin, in patients, in laboratory animals, and in vitro. Treatment by both drugs together may, in certain circumstances, be less effective than with gentamicin or carbenicillin alone.

TOLAZAMIDE IN TREATMENT OF DIABETES MELLITUS: CLINICAL EXPERIENCE AND REVIEW OF LITERATURE

M. C. Balodimos and A. Marble (170 Pilgrim Rd., Boston 02215)

Curr. Ther. Res. 13:6-12 (Jan.) 1971.

The experience of the Joslin Clinic in the treatment of 55 diabetic patients with tolazamide for 1,324 patient-months has been presented. Thirty patients (55%) achieved satisfactory control. The daily dose of tolazamide varied from 50 to 1,000 mg; two thirds of the patients received it in a single daily dose. No significant untoward effects were observed in these patients. The patients

did not show persistently either a weight gain or loss. Tolazamide appears to be a safe and useful addition to the group of oral hypoglycemic agents.

COMPARISON OF PATIENTS WITH PROVED AND SUSPECTED MYOCARDIAL INFARCTION ADMITTED TO CORONARY CARE UNIT

R. D. Patton and E. Stein (US Public Health Service Hosp., Staten Island, N.Y. 10304)

Milit. Med. 136:10-11 (Jan.) 1971.

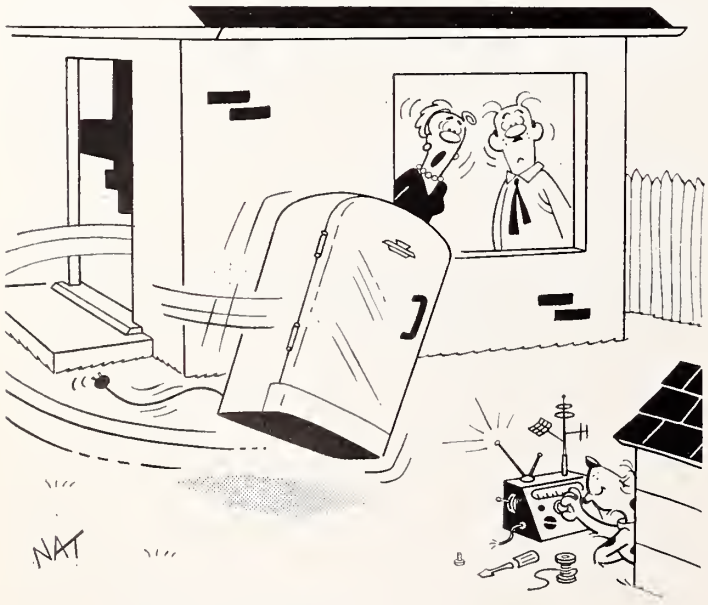
Ninety-seven patients with proved myocardial infarction were compared with 91 patients in whom the suspicion was not confirmed. A higher incidence of arrhythmias, congestive heart failure, shock, and death was noted in the group with proved infarction, but sufficient overlap occurred to prevent any criterion from proving useful in the individual patient. A wide spectrum of diagnoses was noted, but the majority of patients in the suspect group proved to have arteriosclerotic heart disease with infarction.

ORAL AMPICILLIN IN UNCOMPLICATED GONORRHEA

G. Eriksson (Soderjukhuset, Stockholm)

Acta Dermatovener 50:451-460 (No. 6) 1970.

During one year, 938 patients were treated with one intramuscular injection of penicillin G. During the following year 1,150 patients were treated with oral ampicillin in three different dosage schemes. More than 20% of the patients were harboring gonococci less sensitive to penicillin G. The statistical evaluation showed that treatment with oral ampicillin, either as 2 gm together with 1 gm of probenecid in a single dose or as 2 gm in two divided doses given with a five-hour interval (one-day treatment), was equivalent to the routine treatment with one intramuscular injection of 2.2 million international units (MIU penicillin G (1.0 MIU Na Salt + 1.2 MIU procaine salt). Two grams of ampicillin in a single dose was an inferior alternative. The percentage of treatment failure was consistently lower for ampicillin in divided dose. Side effects to ampicillin have been registered in three patients. The sensitivity of the gonococcal strains to penicillin and the age distribution have been taken into consideration during the two years of examination. ◄



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Contraindications: Anuria, oliguria, active peptic ulceration, ulcerative colitis, severe depression or hypersensitivity to its components contraindicates the use of Salutensin.
Warnings: Small-bowel lesions (obstruction, hemorrhage, perforation and death) have occurred during therapy with enteric-coated formulations containing potassium, with or without thiazides. Such potassium formulations should be used with Salutensin only when indicated and should be discontinued immediately if abdominal pain, distension, nausea, vomiting or gastrointestinal bleeding occurs. Use cautiously, and only when deemed essential, in fertile, pregnant or lactating patients. *Use in Pregnancy:* Thiazides cross the placenta and can cause fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly electrolyte disturbances. Fatal reactions may occur with reserpine during electroshock therapy; discontinue Salutensin 2 weeks before such therapy. Increased respiratory secretions, nasal congestion, cyanosis and anorexia may occur in infants born to reserpine-treated mothers.
Precautions: Azotemia, hypochloremia, hyponatremia, hypochloremic alkalosis and hypokaliemia (especially with hepatic cirrhosis and corticosteroid therapy) may occur, particularly with pre-existing vomiting and diarrhea. Potassium loss or protoveratrine A may cause digitalis intoxication. *Potassium loss responds to potassium-rich foods, potassium chloride or, if necessary, discontinuation of therapy. Stop therapy if protoveratrine A induces digitalis intoxication.* Serum ammonia elevation may precipitate coma in precomatose hepatic cirrhotics. Discontinue therapy 2 weeks before surgery or if myocardial irritability, progressive azotemia or severe depression occur. Exercise caution in patients with chronic uremia, angina pectoris, coronary thrombosis or extensive cerebral vascular disease *or bronchial asthma* and in those with a history of peptic ulceration or bronchial asthma; in post-sympathectomy patients; in patients on quinidine; and in patients with gallstones, in whom biliary colic may occur. Patients who have diabetes mellitus or who are suspected of being prediabetic should be kept under close observation if treated with this agent.
Adverse Reactions: Hydroflumethiazide: Skin rashes (including exfoliative dermatitis), skin photosensitivity, urticaria, necrotizing angiitis, xanthopsia, granulocytopenia, aplastic anemia, orthostatic hypotension (potentiated with alcohol, barbiturates or narcotics), allergic glomerulonephritis, acute pancreatitis, liver involvement (intrahepatic cholestatic jaundice), purpura plus or minus thrombocytopenia, hyperuricemia, hyperglycemia, glycosuria, malaise, weakness, dizziness, fatigue, paresthesias, muscle cramps, skin rash, epigastric distress, vomiting, diarrhea and constipation. *Reserpine:* Depression, peptic ulceration, diarrhea, Parkinsonism, nasal stuffiness, dryness of the mouth, weight gain, impotence or decreased libido, conjunctival injection, dull sensorium, deafness, glaucoma, uveitis, optic atrophy, and, with overdosage, agitation, insomnia and nightmares. *Protoveratrine A:* Nausea, vomiting, cardiac arrhythmia, prostration, blurring vision, mental confusion, excessive hypotension and bradycardia. (Treat bradycardia with atropine and hypotension with vasopressors.)
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County Medical Societies Convene; Hear National Health Insurance Talks

NATIONAL health insurance and the forms it may take were discussed at the April meeting of the Cass County Medical Society at Logansport.

The meeting was different from what you might think of as a county medical society meeting in that Cass County invited the county societies from the 11th ISMA District and Fulton, Pulaski and White.

The idea for the meeting was that of Dr. E. Camille Parker, Cass County Society president, who had attended the ISMA Officers Conference in January in Indianapolis and thought more of her colleagues should hear what was being proposed, particularly the proposal of organized labor which is embraced in the Kennedy Bill now before the Congress.

Dr. Malcolm O. Scamahorn of Pittsboro, ISMA president, moderated the panel which consisted of Mr. Timothy Norbeck of St. Louis, AMA field representative, and Mr. John Norris of Indianapolis, staff representative of the Indiana AFL-CIO.

Nearly eighty persons attended, including wives of the doctor members.

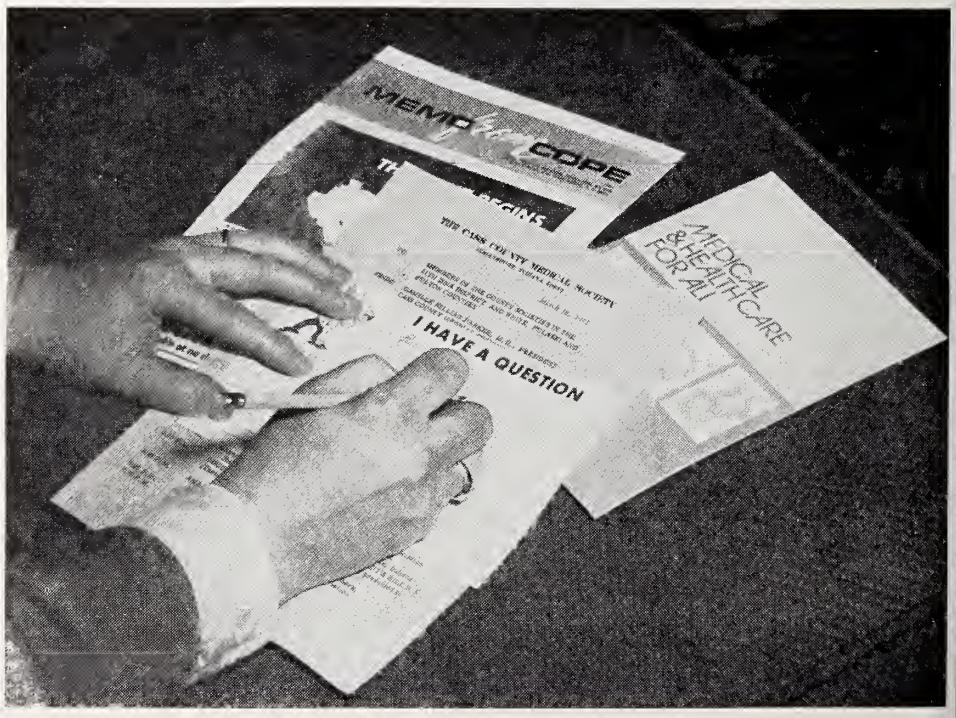
The presidents of each of the county societies invited was furnished a copy of the Kennedy Bill and an analysis of the AMA Medicredit Plan, also now before the Congress, well in advance of the meeting. Literature on both plans was distributed at the meeting.

The audience was invited to submit written questions. Organization of the question period was handled by the members of the Cass County Society executive committee.

It all led to a stimulating discussion and a full evening.

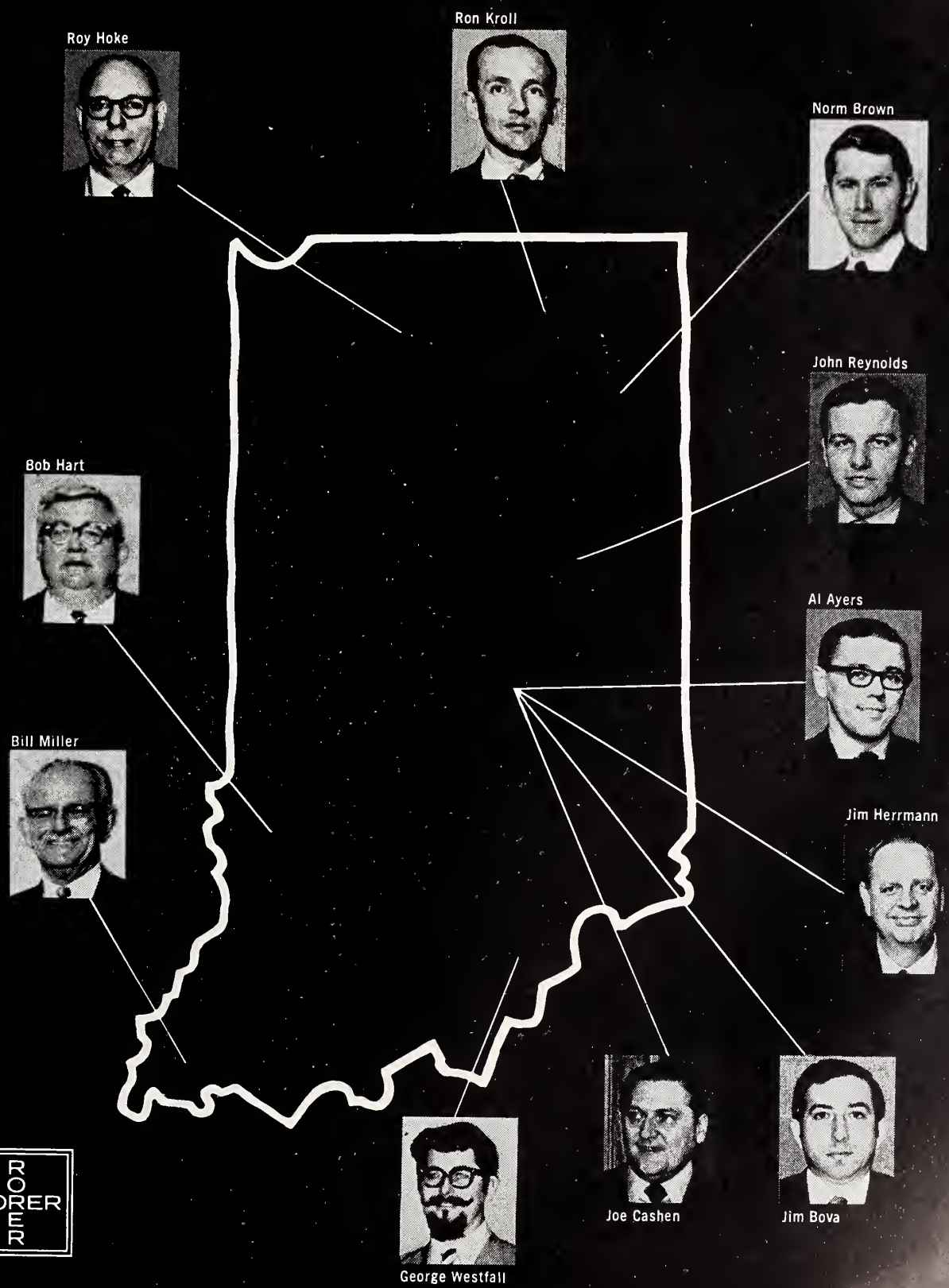
The whole meeting was tape recorded. Copies of the tapes are available at $10.00 a copy from White's Sound Service, 1220 Cummings St., Logansport 46947. Phone: (219) 753-4640. ◀

Officials of the Logansport Area Chamber of Commerce were invited by the Cass County Medical Society to attend this program. They were so impressed that they have arranged to repeat the program for the entire chamber membership May 24.—EDITOR.



Written questions on the Kennedy proposal and the AMA Medicredit Plan were submitted on specially printed cards.

When the G.I. bug hits Indiana... these Hoosiers are here to help you with...



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Warning: May be habit forming.

Each fluid ounce contains: Paregoric (equivalent) (1 fl. dram) 3.7 ml.; Pectin (2½ grains) 162 mg.; Kaolin (85 grains) 5.5 g.; Alcohol 0. 69% .

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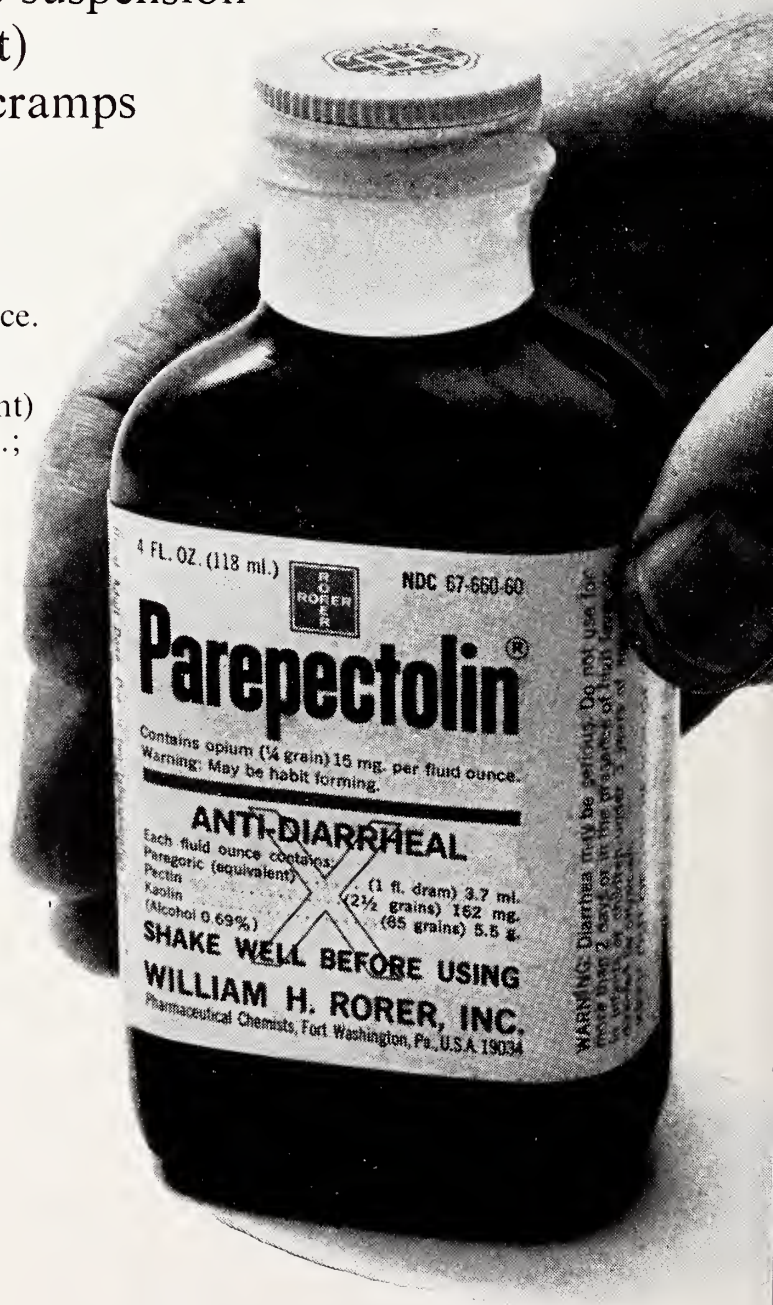

Continuing Education for Physicians

POSTGRADUATE COURSES IN INDIANA

Emergency Medical Care

June 2, 1971 — Indianapolis

This course is designed to review for the practicing physician the principles of emergency medical care. Although appropriate attention will be given to basic physiology, emphasis will center on the practical aspects of emergency care. Where practical, instruction will be by case presentations. And registrants will be encouraged to participate in the discussion.

Membrane-Bound Enzymes

June 9-11, 1971 — Indianapolis

Designed for pathologists and biochemists, this is the third annual biochemistry-pathology course. Major topics will include: membranous structures (subcellular particulates), identification of membrane-bound enzymes and their unique properties, and the role of membrane-bound enzymes in specific disorders.

OUT OF STATE

JUNE

ILLINOIS

Chicago

Radium Therapy
6/7/71 to 6/11/71
Advanced Cardiology
6/7/71 to 6/11/71
Clinical Endocrinology
6/14/71 to 6/18/71

IOWA

Des Moines

Spring Postgraduate Conference
6/14/71 to 6/16/71

Iowa City

Fundamental Problems of Cardiology, Hypertension & Nephrology
6/14/71 to 6/16/71
Postgraduate Conference on Hypertension, Cardiology and Nephrology
6/14/71 to 6/16/71

MICHIGAN

Ann Arbor

PAS and MAP Institute
6/3/71

OHIO

Cincinnati

American College of Physicians Course in Internal Medicine
6/7/71 to 6/11/71
Internal Medicine-Clinical Problems 1971
6/7/71 to 6/11/71

Cleveland

The Spine
6/2/71 to 6/4/71

Columbus

Midwest Professors of Psychiatry
6/24/71 to 6/26/71

FUTURE MEETINGS, SEMINARS, COURSES

Coronary Surgery Seminar Announced

A Seminar on Coronary Surgery will be conducted by the Wisconsin Heart Association, May 24 through 26 at the Milwaukee Exposition in Milwaukee. All physicians interested in the care of coronary disease are invited. Write or call Wisconsin Heart Association, 205 W. Highland Ave., Milwaukee 53203.

Bar Ass'n Sets Lawyer-Doctor Conference

A National Conference on Medical Malpractice and Doctor-Lawyer Relationships will be held in Los Angeles on July 31 and August 1, sponsored by the Medical-Legal Society of Southern California. Panels of doctors and lawyers will discuss all the angles. For more information write California Continuing Education of the Bar, 2150 Shattuck Ave., Berkeley, Calif. 95705.

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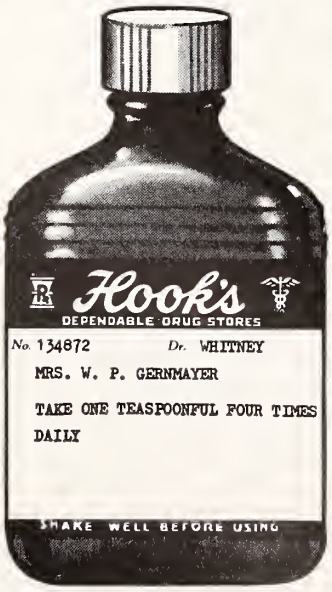

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What's New?

Smith Kline & French has a new concentrated liquid antacid—"Ducon." It is a non-prescription preparation and has been found to be effective in relieving gastric hyperacidity for a longer period of time than other antacids. It is thin in consistency and has a light mint flavor. Its cautions are that dosage should not exceed 12 teaspoonsful daily unless directed by a physician, and its use is not recommended for children under 12 years.

* * *

Posey has a Pediatric Control Harness, reported to be the most effective child harness yet produced. Long straps crisscross behind the child making it impossible for him to remove the harness. Strap ends are secured under bed out of child's reach. It comes in four sizes, with either snap ends or tie ends.

* * *

Syntex has introduced a new concept—a roll-top applicator for a dermatologic product. In this case, Synalar Solution 0.01% (fluocinolone acetonide) is so packaged to facilitate application in layered therapy and in diseases with widespread lesions. It will be dispensed in 60 cc containers.

* * *

The National Cylinder Gas division of Chemetron Corporation has a new console which is installed on the wall above the patient's bed and provides a variety of patient services and conveniences. It may provide outlets for oxygen, air and vacuum services, together wtih a nurse's call station, a night light and electrical outlets for physiological monitoring. Fluorescent lighting fixtures may be added. A swing-out light may be included to provide high-intensity light for reading or for medical examination.

* * *

Bourns Life Systems announces the Model LS-117 Ventilation Failure Alarm. Designed to detect respirator failures the new model initiates an alarm if pressure in the air delivery tube stays high or low in excess of the delay times set on the instrument. This insures patient protection against respirator failure or malfunction, supply gas loss, massive leaks, severe compliance change due to obstructions and loosening of tracheostomy fittings.

* * *

The Brook Airway is a plastic and nylon device to facilitate mouth-to-mouth resuscitation without physical contact. In addition to allaying the fear of disease transmission, the airway provides an air-tight seal around the patient's mouth and prevents exhaled gases from contaminating the resuscitator by routing the exhalations through a side vent. It is economical enough in price to warrant having it in all first-aid kits and even in all locations where resuscitation might be required.

Drug Abuse: Where to Find the Facts

Booklets and Pamphlets

"The Crutch That Cripples: Drug Dependence," 17 pages, 25 cents. "LSD," "Barbiturates," "Amphetamines," "Glue Sniffing," "Marijuana," leaflets, 25 cents each. Order Department, American Medical Association, 535 North Dearborn Street, Chicago, Illinois, 60610.

"Don't Guess About Drugs When You Can Have the Facts." National Clearinghouse for Mental Health, National Institute of Mental Health, Publication No. 1006, November 1969.

"Drug Abuse: Escape to Nowhere." (A guide for educators.) Smith, Kline & French Laboratories, 1967. Available from National Education Association, Publication Sales Department, 1201 16th Street, N.W., Washington, D.C., 20036.

"Drugs and Driving." Food and Drug Administration, Publication No. 15, Washington, D.C., 20204.

"The Drug Problem Among Young People," by Dana L. Farnsworth. *Nebraska State Medical Journal*, 54(2):93-97, February 1969.

"First Facts About Drugs." FDA Publication No. 21, November 1963. U.S. Department of Health, Education, and Welfare, Washington, D.C., 20204.

"Prevention and Control of Narcotic Addiction." U.S. Government Printing Office, 1964.

"Drug Abuse and Your Child." "What About Marijuana?" "What We Can Do About Drug Abuse," others. Twenty-five cents each. Public Affairs Pamphlets, 381 Park Avenue South, New York, New York, 10016.

"Drug Abuse: The Chemical Cop-Out," 48 pages, free. Blue Cross-Blue Shield state headquarters, or National Association of Blue Shield Plans, 211 East Chicago Avenue, Chicago, Illinois, 60611.

"What You and Your Family Should Know About Drugs," 64 pages, 50 cents. The Benjamin Company, 485 Madison Avenue, New York, New York, 10022.

"What You Should Know About Drugs and Narcotics," by Alton L. Blakeslee, 1969, 48 pages, $1. Associated Press, 50 Rockefeller Plaza, New York, New York, 10020.

"To Parents: About Drugs," 20-page booklet, free. Metropolitan Life Insurance Company, One Madison Avenue, New York, New York, 10010.

"The Narcotic Addiction Problem," pamphlet, 15 cents. "A Guide to Some Drugs Which Are Subject to Abuse," 17 x 11-inch chart, 25 cents, others. American Social Health Association, 1740 Broadway, New York, New York, 10019.

"Drug Abuse Education: A Guide for the Professions." 1966, 28 pages, $1. American Pharmaceutical Association. 2215 Constitution Avenue, N.W., Washington, D.C., 20237.

"Drug Abuse, A Source Book and Guide for Teachers." 1967, 131 pages, 40 cents. California State Department of Education, Office of State Printing, Sacramento, California, 95814.

"Someone Close to You Is on Drugs." Report on New York City's drug prevention program, 52 pages, free. Addiction Services Agency, 71 Worth Street, New York, New York, 10013.

"The Use and Misuse of Drugs," 15 cents. "Respect for Drugs," $1.25. "18 Fact Sheets," 50 cents. "Hooked," comic book, 10 cents. "Things Could Be Worse," poster, 10 cents. Others. Request list of 25 low-cost U.S. government publications on "Narcotics and Drugs." Superintendent of Documents, Government Printing Office, Washington, D.C., 20402.

"Drug Abuse Questions and Answers: Federal Source Book," "Before Your Kid Tries Drugs." Single copies free from the National Clearinghouse for Drug Abuse Information. 5454 Wisconsin Avenue, Chevy Chase, Maryland, 20015.

"Operation Drug Alert," manual for organizing a Kiwanis Club ODA major emphasis program, 50 cents. "Deciding About Drugs," booklet for teen-agers. "What If They Call Me Chicken?" comic book for ages 10 to 12. Others. Quantity rates on request from Kiwanis International, 101 East Erie Street, Chicago, Illinois, 60611, or contact nearest Kiwanis Club for information.

"Stop Drug Abuse," pamphlet, up to five free, or in quantity, four cents each. National Association of Chain Drugstores, Inc., 1911 Jefferson Davis Highway, Arlington, Virginia, 22202.

"Drug Abuse Goes to School," kit outlining National Association of Retail Druggists school action program for retail druggists, free. Write to the Association at One East Wacker Drive, Chicago, Illinois, 60601.

"Common Sense Lives Here: A Community Guide to Drug Abuse Action," 1970, 108 pages, free. National Coordinating Council on Drug Abuse Education, 1211 Connecticut Avenue, N.W., Washington, D.C., 20036.

"Facts About Narcotics and Other Dangerous Drugs," 56-page booklet for teen-agers, 88 cents. Science Research Associates, 259 East Erie Street, Chicago, Illinois, 60611.

"Drug Abuse Products Reference Chart," up to 10, free. "Drug Abuse: The Empty Life," up to 12 free, or 500 for $25. Smith, Kline & French Laboratories, 1500 Spring Garden Street, Philadelphia, Pennsylvania, 19101.

"Guidelines for Drug Abuse Prevention." Seventy-seven pages, free; others. Bureau of Narcotics and Dangerous Drugs, U.S. Department of Justice, Washington, D.C., 20537.

Magazine and Newspaper Articles

Furlong, W. B., "How 'Speed' Kills Athletic Careers," *Today's Health*, February 1971.

"Drugs Lead to 'Centuries of Sadness,' the Young Write," *Today's Health*, February 1971.

"Experts Examine Drug Problems: Questions and Answers by Four Doctors," *Today's Health*, September 1970.

Irwin, T., "Crackdown on Bootleg Drugs," *Today's Health*, January 1967.

"Is the Trip Over for LSD?" *Business Week*, April 23, 1966.

Barrins, Phyllis C., R.N., "Some Questions and Answers About Drug Abuse," *Today's Catholic Teacher*, November/December 1970.

"Heroin Hits the Young," *Time*, March 16, 1970.

Jaffe, Jerome, "Whatever Turns You Off," *Psychology Today*, May 1970.

Malcolm, Andres I., M.D., "Drug Abuse and Social Alienation," *Today's Education* (National Education Association), September 1970.

Continued

The Journal herewith reprints from the March 1971 issue of TODAY'S HEALTH this directory of free and inexpensive information for parents and teachers which was compiled in cooperation with TODAY'S HEALTH by Sali Sierra of the Society for Visual Education, Chicago. For a free reprint, send a stamped, self-addressed, business-size envelope to Drug Facts, Singer/SVE, 1345 Diversey Parkway, Chicago, Illinois, 60614.

Meeds, Lloyd, Congressman, "Drug Abuse as a Reaction to the Stresses of Growing Up," *School Health Review*, September 1970.

Berg, R. H., "Drugs: The Mounting Menace of Abuse," *Look*, August 9, 1967.

David, L., "Pot Smoking Can Cause Mental Illness," *Pageant*, April 1970.

Cross, R., "The Immortals: LSD and the Hippie Life in Chicago," *Chicago Tribune Sunday Magazine*, August 20, 1967.

Fellows, L., "East Africa Turns On With Khat," *The New York Times Magazine*, July 9, 1967.

Freedman, M. B. and Powelson, H., "Drugs on Campus: Turned On and Turned Out," *The Nation*, January 31, 1966.

Goddard, J. "How to Curb Drug Abuse on Campus," *College and University Business*, October 1966.

Keniston, K., "Heads and Seekers," "Drugs on Campus," "Counter-Cultures and American Society," *American Scholar*, 38 (1) :97-112, 1968-69.

Klemesrud, J., "Helping Young People Overcome Pills, Pot, and Psychedelics," *The New York Times*, March 22, 1967.

Lieber, L., "New Dangers of LSD," *This Week's Magazine*, August 6, 1967.

"Marijuana: Millions of Turned-On Users," *Life*, July 7, 1967.

Massett, L., "Marijuana and Behavior: The Unfilled Gaps," *Science News* February 7, 1970.

Mothner, I., "How Can You Tell If Your Child Is Taking Drugs?" *Look*, April 7, 1970.

Rarvik, D. M., "Do Drugs Lead to Violence?" *Look*, April 7, 1970.

Seward, P.N., "Drug Abuse in Adolescents," *Harvard Medical Alumni*, September/October 1969.

Shearer, R. J., "Drugs and Our 'Turned On' Youth," *Clubwoman*, October 1967.

Smith, David E., M.D., "LSD, Violence, and Radical Religious Beliefs," *Journal of Psychedelic Drugs*, September 1970, 638 Pleasant Street, Beloit, Wisconsin, 53511.

Egozcue, Jose, M.D., and Irvin, Samuel, Ph.D., "LSD-25 Effects on Chromosomes: A Review," *Journal of Psychedelic Drugs*, September 1970, 638 Pleasant Street, Beloit, Wisconsin, 53511.

"The Hippies," *Time*, July 7, 1967.

"The Marijuana Paradox," *Life*, October 31, 1969.

"The Marijuana Problem," *Newsweek*, July 24, 1967.

Todd, R., "Turned-On and Super-Sincere in California," *Harper's Magazine*, January 1967.

"Why So Many Teen Agers Fall for Marijuana," *Parents'*, March 1969.

Zinberg, N. E. and Weil, A. T., "The Effects of Marijuana on Human Beings," *The New York Times Magazine*, May 11, 1969.

"The Marijuana Problem," *The Boston Herald Traveler*, April 16, 1969.

Books

Cohen, Stanley, *The Drug Dilemma*, 1969, paperback, $2.95. At bookstores or from the publisher: McGraw-Hill Book Company, 330 West 42nd Street, New York, New York, 10036.

Houser, Norman W., *Drugs: Facts on Their Use and Abuse*, for parents or students in grades seven to 12. Paperback, $1.02 from the publisher: Scott Foresman & Company, Glenview, Illinois, 60625.

Louria, Donald B., M.D., *The Drug Scene*, 1968, 256 pages, $5.95. At bookstores or from the publisher: McGraw-Hill Book Company, 330 West 42nd Street, New York, New York, 10036.

Mercki, Donald J., Ph.D., *Drug Abuse: Teenage Hangup*, 1970, paperback, $1.50. From the Publisher: TANE Press, 2814 Oak Lawn Avenue, Dallas, Texas, 75219.

Nowlis, Helen H., Ph.D., *Drugs on the College Campus*, 1969, paperback, 95 cents. At bookstores or from the publisher: Anchor Books, Doubleday & Co., Inc., 277 Park Avenue, New York, New York, 10017.

Chein, I.; Gerard, D. L.; Lee, R. S.; and Rosenfeld, E., *The Road to H: Narcotics, Delinquency, and Social Policy*. Basic Books, Inc., 1964.

Farnsworth, Dana L., *Psychiatry, Education, and the Young*, (Chapter VIII, "Drugs—Their Use and Abuse by College Students"). Charles C Thomas, 1967.

Luria, Donald B., *Nightmare Drugs*. Pocket Books, Inc., New York, 1966.

Siragusa, C., *The Trail of the Poppy*. Prentice Hall, Inc., 1966.

The Drug Takers (Special Report). Time, Inc., New York, 1965.

Yablonsky, L., *The Tunnel Back*. The MacMillan Company, New York, 1965.

Kron, Y. J. and Brown, E., *Mainline to Nowhere*. A Meridian Book, 1967.

Teaching About Drugs: A Curriculum Guide, K-12. Published by the Committee on Drugs of the American School Health Association and the Pharmaceutical Manufacturers Association. 1970, 207 pages, illustrated, $4. American School Health Association, Box 416, Kent, Ohio, 44240.

Resource Book for Drug Abuse Education. Developed by the Drug Abuse Education Project of the American Association for Health, Physical Education, and Recreation and the National Science Teachers Association. 117 pages, $1.25. *Drug Abuse: Escape to Nowhere*, $2. Publication Office, National Education Association, 1201 16th Street, N.W., Washington, D.C., 20036.

Other Sources

Food and Drug Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C., 20204.

See the *Readers' Guide to Periodical Literature* in your school or public library for other current magazine articles.

Comprehensive Guide to the English Literature on Cannabis. Published by the Student Association for the Study of Hallucinogens. Available from the Stash Publishing Company, 638 Pleasant Street, Beloit, Wisconsin, 53511.

Directory of Drug Information Groups. Stash Publishing Company, 638 Pleasant Street, Beloit, Wisconsin,53511. ◄

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Please send on a loan basis the following FILMS which I have checked. It is with the understanding that they will be returned promptly to the Film Library, Indiana State Board of Health, 1330 West Michigan Street, Indianapolis, Indiana 46206. (Send order direct to ISBH Film Library.) Each film is one hour in length.

Date Needed Mo/Date/Yr.	1st Alternate Date	2nd Alternate Date	Film No.	Title
			A-930	THE SPEED SCENE Rev. John H. Frykman, D.D.
			A-931	DRUG ABUSE: WHO AND WHY? Dr. Ivan F. Bennett
			A-932	HOW TO KICK THE HABIT Two Teen-Agers from Encounter
			A-933	THE TAPPA KEGGA DA FRATERNITY (Teen-age Drinking) Dr. Martin D. Kissen
			A-934	JUDGMENT DAY IS HERE — NOW Mayor Richard Lugar
			A-935	HAWK, DOVE OR CHICKEN? (Traffic Safety) D. Gehrmann & Dr. J. L. Weygandt
			A-936	SMOKING & OTHER BURNING ISSUES Dr. Joseph C. Ross
			A-937	WHY STUDENTS CRACK UP Dr. Edward Shipley
			A-938	SOUL IS MORE THAN MUSIC (Mental Health & Religion) Mr. William R. Rogers
			A-939	SEX AND THE TEEN-AGER Dr. Evalyn S. Gendel

For Additional Information:

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			(1001)	THE SPEED SCENE Rev. John H. Frykman, D.D.
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			(1008)	WHY STUDENTS CRACK UP Dr. Edward Shipley
			(1009)	SOUL IS MORE THAN MUSIC (Mental Health & Religion) Mr. William R. Rogers
			(1010)	SEX AND THE TEEN-AGER Dr. Evalyn S. Gendel

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The Woman's Auxiliary

REPORTS TO ISMA

Dear Hoosier Doctors:

Beginning with this issue of *The Journal* of the Indiana State Medical Association you will see a new face on the page. On April 22, Mrs. Paul Clouse gave me the gavel signifying the change of presidents. This came as no surprise. I've had a year to worry, contemplate, think and plan the things that need to be done, and, if we all work together, what we believe, we can accomplish. We are looking forward to a productive year.

One of the duties of the president is to keep the doctors informed of our activities by preparing a monthly report for each issue of this magazine. The ladies all over the state are involved in varied activities. It would be difficult to summarize all of these projects in any one issue. However it is hoped that each month it may be possible to have the chairman of one or more groups tell us about their program.

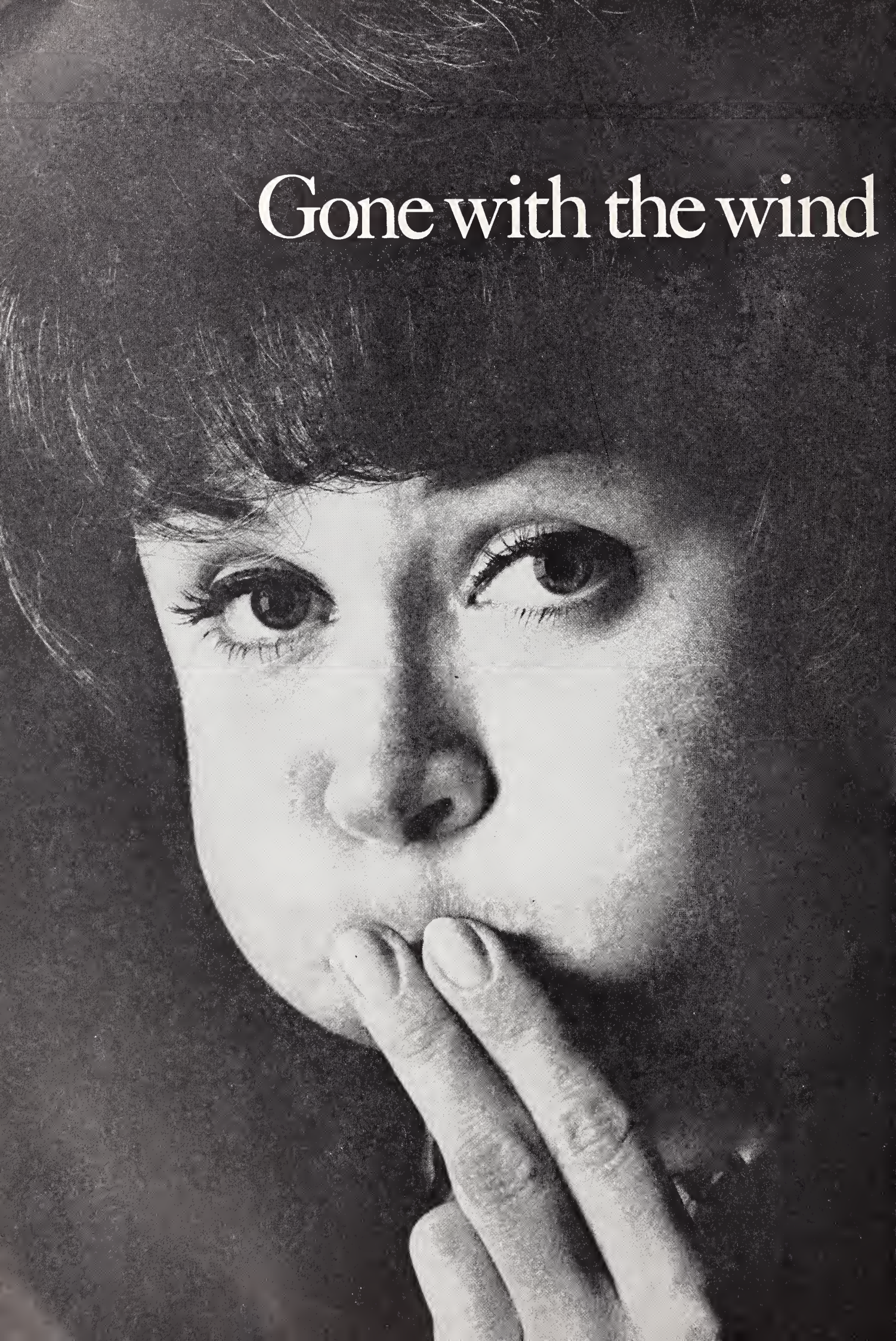
In last month's issue Mrs. Clouse brought to your attention the forthcoming House of Delegates. The doctors' wives throughout Indiana who are members of the Auxiliary convened in Evansville on April 21st for a two-day meeting. At this time we heard the reports of the county presidents, the other officers and the committee chairmen. We had an election and installation of officers for the coming year. I introduced the members of my new board to the House of Delegates and we were off on the "Stairway to the Stars," the theme of the installation luncheon.

The Woman's Auxiliary to the Medical Association was organized to help the doctors. Dr. Malcolm Scamahorn extended an invitation to the Marion County Auxiliary President, Mrs. Charles Gillespie, and to me to attend the men's planning session for the 1971 Indiana Medical Association Convention. We were pleased to be asked and will do what we can to help. The convention will be held in Indianapolis on Oct. 12, 13 and 14. In preliminary discussions we learned that they have some different ideas that will make this an excellent meeting. Do mark your calendar NOW so that you will be free to attend this meeting.

We are all looking forward to a pleasant and cooperative year.

Sincerely,

Lelia M. Chernisky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*Slanger, A.: Med. Times *94*:150 (Feb.) 1966.

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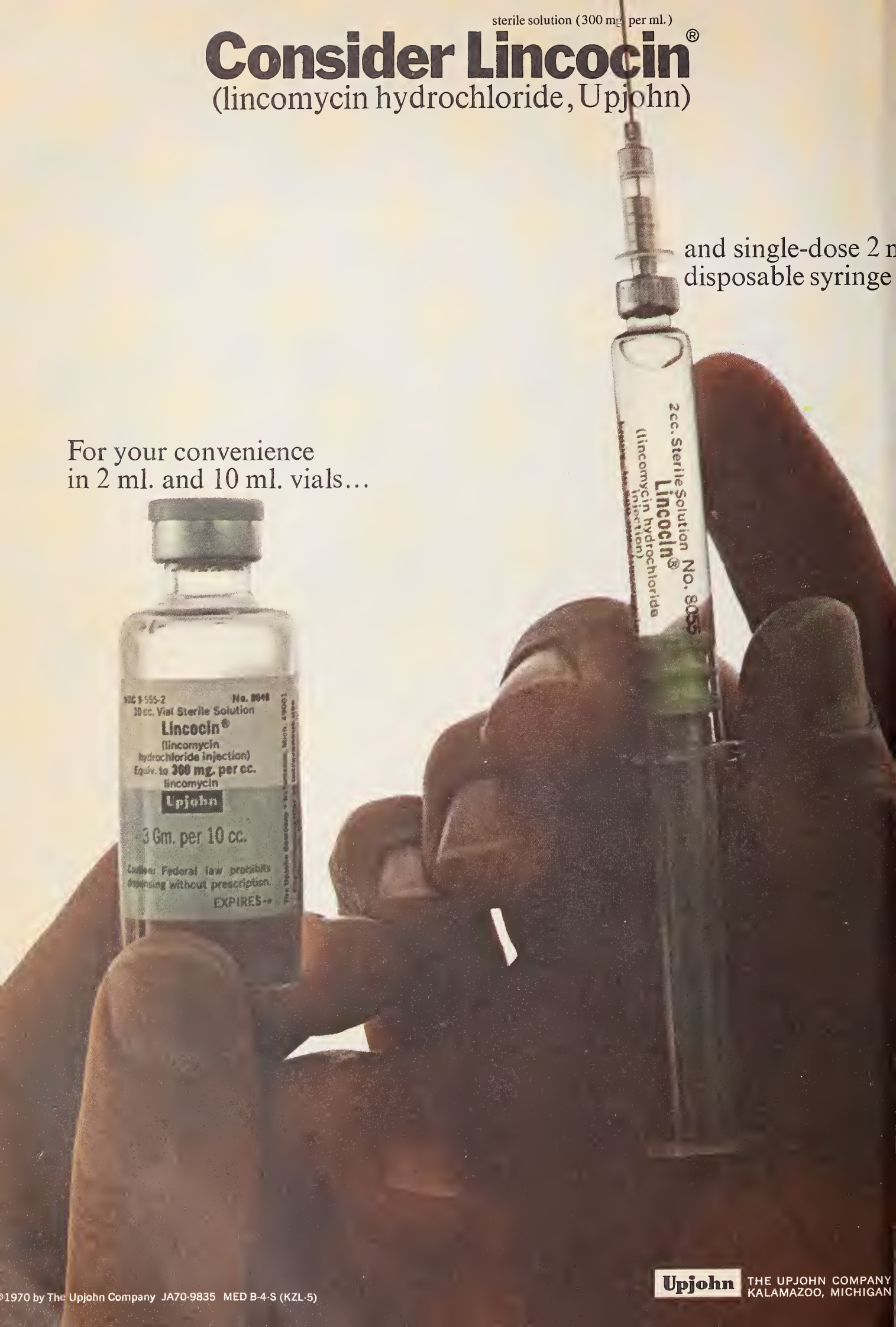

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keeps the promise of pain relief

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BURROUGHS WELLCOME & CO. (U.S.A.) INC.
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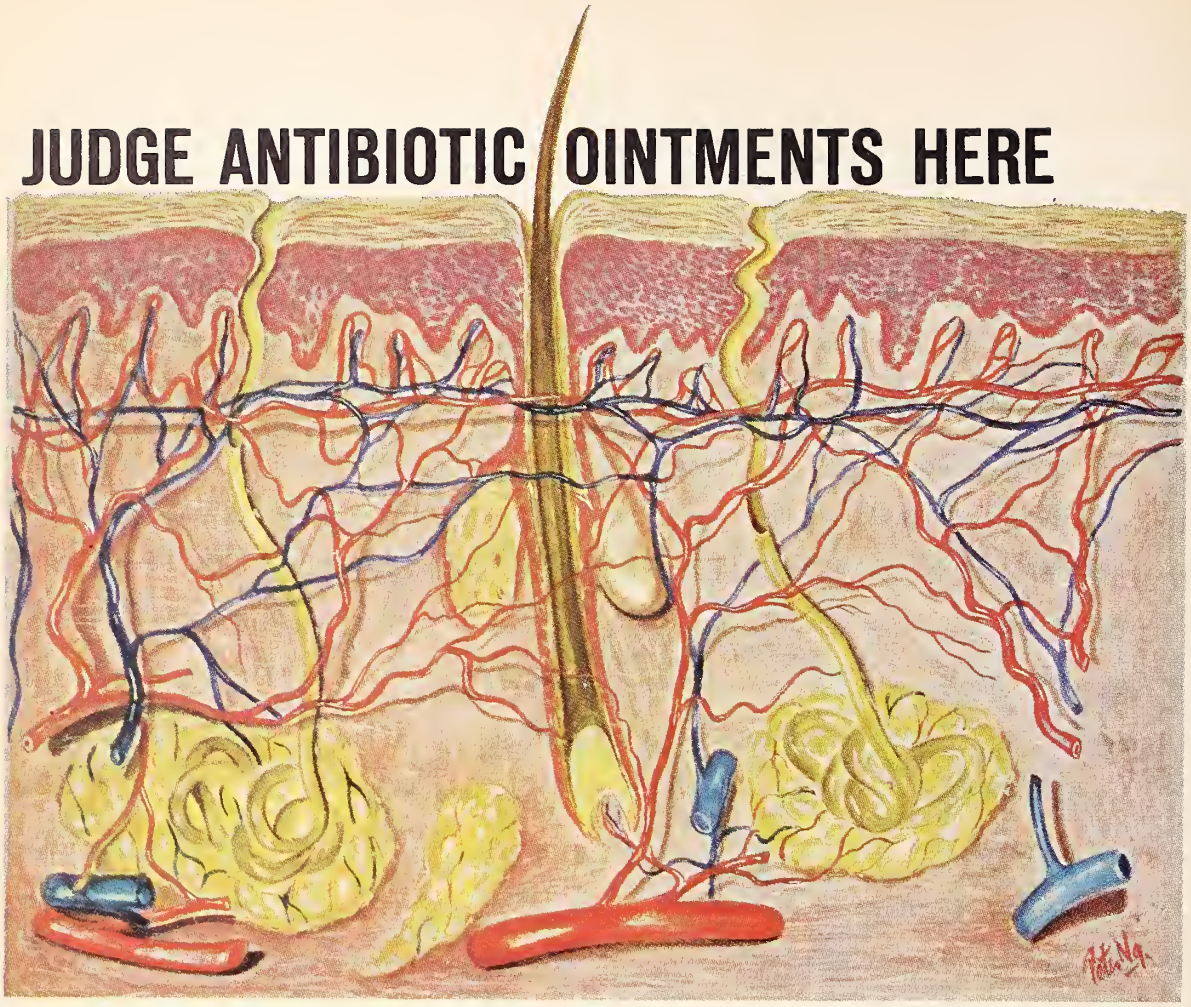

Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B—bacitracin—neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

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BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Six Named Cardiology Fellows

Six Indiana physicians have been granted Fellowships in the American College of Cardiology. **Drs. Walter J. Daly, Donald A. Girod, Suzanne B. Knoebel, William K. Nasser, Shirley Siew and Charles M. Wunsch,** all of Indianapolis, were admitted to the College's highest membership classification at its recent meeting in Bethesda. **Dr. Charles Fisch** of Indianapolis was chosen to serve a five-year term as Trustee of the College. **Dr. John F. Phillips** of Indianapolis was re-elected Governor to represent the state of Indiana.

Urologist Speaks to Rotarians

Dr. Paul Humphrey, Terre Haute urologist, addressed a recent meeting of the Brazil Rotary Club on the problems of the prostate gland.

Elkhart Pediatrician Honored

Dr. Mufit Kesim, Elkhart, was guest of honor at the annual Elkhart County Cystic Fibrosis board of directors meeting recently. Dr. Kesim, long active in working with victims of the disease, helped found the CF clinic at Elkhart General Hospital.

Doctors to Defer Writing Amphetamine Prescriptions

The LaPorte County Medical Society recently took a poll of members by mail to determine the sentiment on the amphetamine question. Of those who responded (84% of the membership) 75% agreed to not write any amphetamine prescriptions during a three-month period. Sixty percent of the responders agreed that the pharmacists of the county should be requested not to fill amphetamine prescriptions. After three months the society will assess the results.

Dr. Egger Named Section Secretary

Dr. Ross L. Egger, Daleville, has been chosen to serve as secretary of the AMA Section on Family and General Practice. In this capacity Dr. Egger will be a member of the newly organized Section Council.

Elmhurst Hospital Elects

Dr. John Hartman, Angola, was elected chief of staff of Elmhurst Hospital, Angola, recently.

Nurses Hear Dr. Donald Pell

Dr. Donald Pell, Muncie, spoke on "Care of the Patient with Chronic Lung Disease" at a recent meeting of the District Six Indiana State Nurses Association.

Self-Assessment Program Offered By American College of Surgeons

The American College of Surgeons announces its Surgical Education and Self-Assessment Program (SESAP). The College has had the cooperation of the National Board of Medical Examiners in planning the details. The purpose of the program is to offer a device by which participants can accurately measure how well they have kept up with surgical progress, define the areas in which they may be deficient and plan a continuing education program matching their individual needs. The examination will consist of a questionnaire with 750 clinically oriented multiple-choice questions. The questions may be answered with aid of reference material or not according to the election of the examinee. The tests are graded by computer methods and the tally is returned to the participant. The results are confidential. All doctors of medicine will be eligible to take the exam; those who are not Fellows of the College will be charged a slightly higher fee, except that members of the College Candidate Group and surgical residents will pay the fee which applies to Fellows.

Elkhart Physicians Attend Symposium

Drs. Thomas E. Durham and Aristides Papadopoulos, Elkhart, attended a symposium on foot problems in Columbus, Ohio, recently.

Dr. John Visher to Retire

After 43 years of practice in Evansville, **Dr. John W. Visher** has announced his retirement. A senior member of the Indiana State Medical Association, he is also a member of the American Academy of General Practice.

Dr. Frederic Spencer Receives Vincennes University Citation

A Vincennes physician, **Dr. Frederic Spencer,** received the Walter A. Davis Memorial Citation for 1971 at a recent banquet in Vincennes. The citation is given annually to an alumnus of Vincennes University or a citizen of the area who has "distinguished himself with unselfish service and dedication to the welfare of others."

Revised Drug Booklets Available

Five booklets, filled with facts about the five most frequently abused drugs, have been revised by the Public Health Service and are now available from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402. They deal with Marihuana, Narcotics, LSD, Sedatives and Stimulants. All are sold for 10 cents a copy. Marihuana and Stimulants come at $6.75 per 100, the rest at $5.50 per 100.

Dr. Atwood Attends Course

Dr. William Atwood, Elkhart, attended a course on "Advances in Internal Medicine" at the University of Michigan recently.

Participates in Mental Health Program at Vincennes

Dr. Daniel J. Combs, Vincennes, served as the mental health consultant and as a discussion leader at a recent five-session television program titled "Pastoral Care and Mental Health." The program originated from and was transmitted through the Indiana Higher Education Television System, with 11 campus centers airing the program.

Planning Officials Elect Dr. Lloyd

Dr. Frank P. Lloyd, director of medical research at Methodist Hospital, Indianapolis, and vice president of the Metropolitan Development Commission, has been elected president of the American Society of Planning Officials.

Continued

Precision is a natural goal when you prescribe thyroid replacement therapy.

When you prescribe Proloid (thyroglobulin) you specify a precision blend of the two natural active hormones—T_4 and T_3—in their natural protein, *thyroglobulin.*

It's because Proloid is the natural thyroid hormone-globulin complex extracted and purified of unnecessary glandular debris.

91 control tests, 2 clinical assays: Beginning with the USP iodine assay and continuing through chromatographic analysis for T_4 and T_3 content and including testing in hypothyroid humans—Proloid is made as precise as the natural product can get, batch after batch.

New 2 grain tablet: Precision extends to dosage. With the introduction of a new 2 grain tablet, titration can be even more conveniently achieved with the full range of Proloid dosages: *¼, ½, 1, 1½, the new 2, 3, and 5 grain tablets.*

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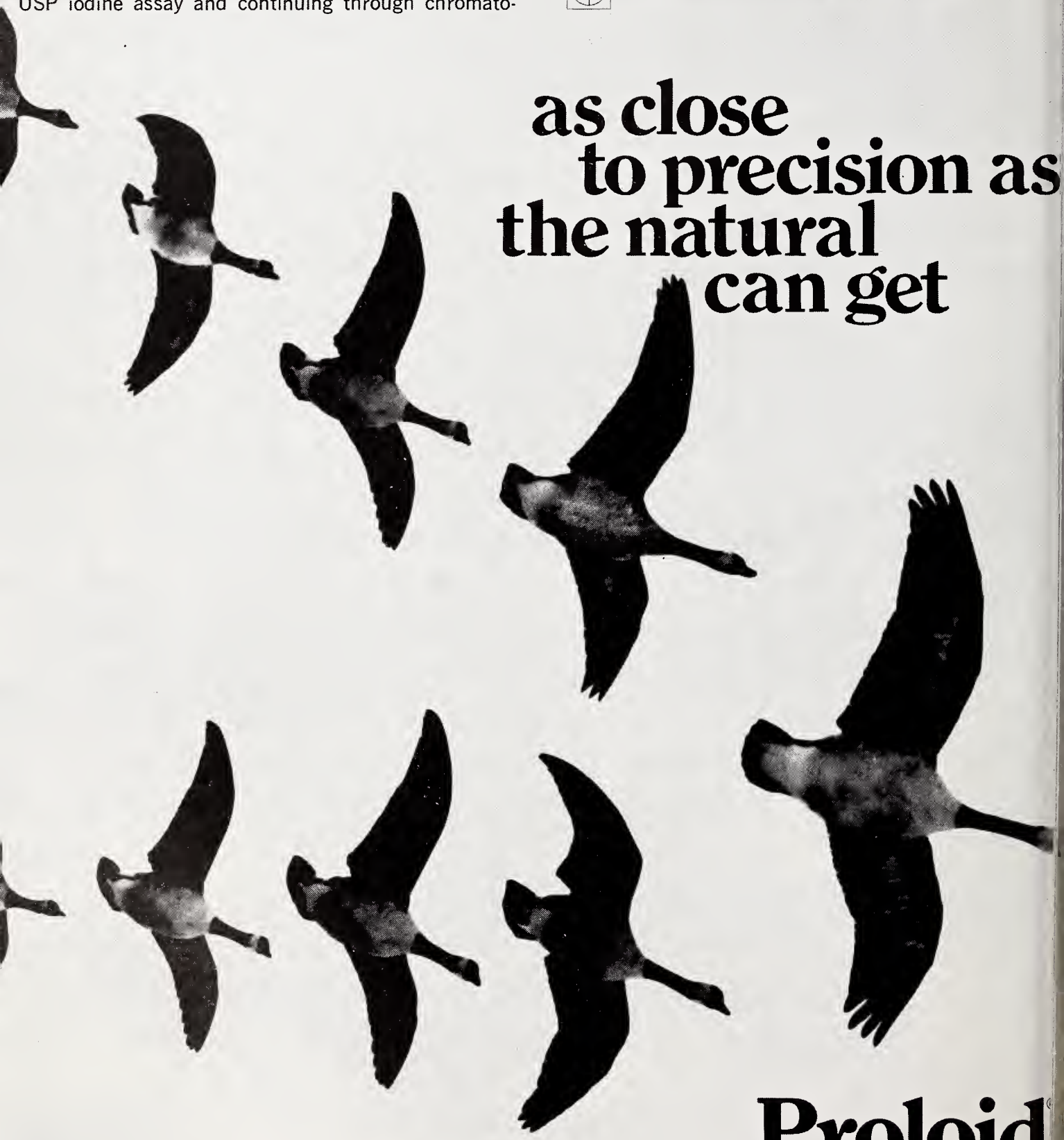

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(thyroglobulin)
the natural for precision

PR-GP-12-B&W

Proloid®(thyroglobulin)

Description: Proloid (thyroglobulin) is obtained from a purified extract of frozen hog thyroid. It contains the known calorigenically active components, sodium levothyroxine (T_4) and sodium liothyronine (T_3). Proloid (thyroglobulin) conforms to the primary USP specifications for desiccated thyroid—for iodine based on chemical assay—and is also biologically assayed and standardized in animals.

Chromatographic analysis to standardize the sodium levothyroxine and sodium liothyronine content of Proloid (thyroglobulin) is routinely employed.

The ratio of T_4 and T_3 in Proloid (thyroglobulin) is approximately 2.5 to 1.

Proloid (thyroglobulin) is stable when stored at usual room temperature.

Indications: Proloid (thyroglobulin) is thyroid replacement therapy for conditions of inadequate endogenous thyroid production: e.g., cretinism and myxedema. Replacement therapy will be effective only in manifestations of hypothyroidism.

In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in nonemergency situations, in an attempt to reduce the size of such goiters.

Contraindication: Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings: Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid, and dosage should be started at a very low level and increased gradually.

Precaution: As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, T_3 ^{131}I resin sponge uptake, T_3 ^{131}I red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use: The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

Dose of Proloid (thyroglobulin)	Dose of desiccated thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	
5 grains	5 grains	0.5 mg	125 mcg	

In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms: Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

How Supplied: ¼ grain; ½ grain; scored 1 grain; 1½ grain; 3 grain; and scored 5 grain tablets, in bottles of 100 & 1000; and scored 2 grain tablets in bottles of 100.

Warner-Chilcott, Morris Plains, N. J. 07950

NEWS NOTES

Continued

Medical Clinics Association Schedules Wisconsin Meeting

The American Association of Medical Clinics will hold its North Central Regional Meeting on July 17 at the Holiday Inn in La Crosse, Wis. Physicians in group practice and those interested in group practice are invited to attend the scientific session. The program is being arranged by Dr. Adolf Gundersen of the Gundersen Clinic in La Crosse. Inquiries may be addressed to Dr. Gundersen.

Dr. Betty Dukes Elected by MHA

Dr. Betty J. Dukes, Dugger, was elected 3rd vice president of the Mental Health Association of Indiana and appointed to a three-year term as a member of the board of the state association at a recent meeting at Terre Haute.

Participates in Symposium

Dr. Chester M. Waits, Lafayette, was one of the speakers at a physician, clergy and nurse symposium held at St. Elizabeth Hospital Medical Center recently.

Dr. Norris Named Butler Trustee

Dr. Max S. Norris, Indianapolis, was recently named to the board of trustees of Butler University. A Butler alumnus, Dr. Norris has been chairman of the advisory committee to Butler trustees on establishment of the campus health center.

Rorer Announces Awards Contest For Best Gastroenterology Papers

The American College of Gastroenterology, in cooperation with William H. Rorer, Inc., announces the Rorer Awards Contest for the best paper in gastroenterology. For the best unpublished paper on gastroenterology or an allied subject the first prize will be $500 and a 3-year subscription to the American Journal of Gastroenterology, the second prize will be $300 and a 2-year subscription, while the third prize will be $200 and a 1-year subscription. A similar set of prizes is offered for the best papers published in the American Journal of Gastroenterology. Full details may be obtained by writing the College at 299 Broadway, New York City 10007.

Speaks at Graduation

Dr. David Sherman, Lafayette, delivered the commencement address at the School of Practical Nursing at Tippewa Technical Institute recently. The school is a division of the Indiana Vocational Technical College.

Elected to Ashland College Board

Dr. Lloyd H. Smith, North Manchester, has been named a member of the Ashland College Board of Trustees, Ashland, Ohio.

Tells of Trip to Russia

Dr. T. D. Arlook, Elkhart, spoke on a rceent trip to Russia, during which he studied hospitals and medical techniques, at a recent meeting of the Goshen Rotary Club.

Elected to Royal Society

Dr. Milton H. Omstead, Petersburg, has been elected a Fellow of the British Royal Society of Health. The society was founded in 1876 and has been under royal patronage since the reign of Queen Victoria.

Continued

Radiology Fellowships Granted

Six Indiana radiologists were honored at the recent meeting of the American College of Radiology when Fellowships were bestowed on them.

Dr. Marvin N. Golper, Kokomo, Dr. C. Robert Plank of LaPorte, Drs. Richard M. Craig and David C. Gastineau, Fort Wayne, and Drs. Samuel Morchan and William M. Loehr, Indianapolis, became Fellows of the College on March 30.

Dr. Hargis Bush Honored

The town of Cannelton honored Dr. Hargis Bush recently by proclaiming the week in which his birthday fell as "Dr. Hargis R. Bush Week."

"Doctors of Year" Named By Medical Assistants

At the annual "Boss's Night" festivities held recently by the Grant County Association of Medical Assistants, **Drs. Donald Rhamy and Marcene Pearcy, Marion,** were named "Doctors of the Year."

Tells of Medicare

Dr. Marshall Stine, Bremen, spoke on Medicare to the Bremen Kiwanis Club at a recent meeting at which past presidents of the club were honored. Dr. Stine and **Dr. Cecil Burket** were among those so honored.

Addresses Meeting

Dr. Lowell I. Thomas, Indianapolis, was the speaker for a recent meeting of the Marion County Chapter of the Myasthenia Gravis Foundation.

"Human Sexuality" Topic

Dr. Paul Williams, Rensselaer, spoke on "Human Sexuality" during the annual Pre-Cana Conference Series at Saint Joseph's College recently.

New Film on Vascular Disease Offered

"Vascular Disease: Current Technology and Diagnosis" is a new half-hour film in color, which features Dr. Travis Winsor, well known authority. It has been produced by USV Pharmaceutical Corporation. Use of the film may be arranged thru any USV representative or by writing Dr. George W. Brice, 1 Scarsdale Road, Tuckahoe, N.Y. 10707.

Drs. Storer, Siderys On Evansville Program

Drs. William R. Storer and Harry Siderys, Indianapolis, were speakers at a recent program at Evansville sponsored by the Vanderburgh County Heart Association for members of the local medical society.

Physician-Musicians Honored

Drs. George S. Westfall and Frederick W. Bigler, Goshen, were honored recently at the annual Music Parents Association concert in Goshen. The two former high school band members were honored in connection with the 50th anniversary observance of the band.

Dr. Halaby Speaks on Diet

Dr. Fouad Halaby, Fort Wayne, was the featured speaker at a meeting on fat-controlled meal planning sponsored by the Allen County Heart Association and the Northern Indiana Public Service Co.

Tell of Medical Mission Work

Dr. and Mrs. Robert Fenstermacher, Walkerton, spoke on "Why Missions" at recent services in the Woodmar United Methodist Church, Hammond. They served at Minga Hospital in the Congo and later were assigned to a hospital in Nome, Alaska.

Pan-Pacific Surgeons Schedule 1972 Meetings in Honolulu

The Twelfth Congress of the Pan-Pacific Surgical Association will be held in Honolulu February 26 to March 4, 1972. Concurrent meetings will be conducted in eleven surgical specialties. The program will be available at a later date. For full details write Dr. Cesar B. DeJesus, 236 Alexander Young Bldg., Honolulu 96813.

Speaks to Nursing Association

Dr. Franklin Bryan presented a program on "Medical Education in the Area as It Concerns Nursing," at a recent meeting of District One, Indiana State Nurses' Association at Fort Wayne.

Moderates Muncie Meeting

Dr. George E. Branam, director of the Ball Hospital department of pathology, moderated two recent Muncie meetings at which Dr. Werner R. Fleischer of Joliet, Ill. was the speaker. The first meeting was of the Muncie Academy of Medicine. The second meeting was co-sponsored by the Ball Hospital's department of postgraduate education and the Merck, Sharp and Dohme Chemical Company.

Address Virology Workshop

Drs. Earl Mason and Pelayo Cabrera, Gary, were among the participants in an all-day virology workshop at Gary Mercy Hospital recently.

National Fire Protection Association Offers Booklet on Hospital Safety

"Manual for the Safe Use of High-Frequency Electrical Equipment in Hospitals" is a 40-page booklet obtainable for $1.00 from the National Fire Protection Association, 60 Batterymarch St., Boston 02110.

Operating Room Technicians Schedule June Meeting

A number of outstanding speakers are scheduled to address the state seminar and meeting of the Indiana Association of Operating Room Technicians June 12 and 13 at the Atkinson Hotel, Indianapolis.

Brigadier General Thomas J. Whelan, Jr., special assistant to the Surgeon General for medical corps affairs, Washington, D.C., will be the featured speaker at the Saturday night banquet.

Dr. John DeBrota, Jr., chief of the anesthesiology department at Winona Memorial Hospital, Indianapolis, will be master of ceremonies, and **Major General Byron L. Steger** (U.S.A. Ret.) will give the welcome address. Dr. Steger is executive director of the Health and Hospital Corporation of Marion County, Indianapolis.

A brief report on "Medical and Legal Problems of Today" will be given by **Dr. Otis R. Bowen, Bremen,** followed by a panel discussion on "The Drug Problem."

The Saturday afternoon session will feature: "The Pediatric Patient Faces Surgery," by **Dr. Edward J. Berman, Indianapolis;** "Hemodialysis," by **Dr. George W. Applegate,** project director for the artificial kidney unit, Methodist Hospital; and "Total Hip Replacement," by **Dr. Merrill A. Ritter,** assistant professor of orthopedics, IU Medical Center.

SKF Offers "Starter" Service

Smith Kline and French Laboratories have instituted a nationwide complimentary prescription "starter" program to improve methods of sample distribution. Professional representatives will furnish complimentary prescriptions to physicians, for Stelazine and/or Levopa. When the physician wishes to start a patient on either of the products he completes the form and gives it to the patient. It is then filled by the druggist without charge to the patient. The pharmacist is reimbursed at his regular scale by SK&F. The program has the advantage of supplying a starting amount of the drug without the hazard of stocking the physician's office with easy-to-lose samples, while, at the same time, the natural prescription cycle is maintained, and the pharmacist realizes his normal profit on the transaction.

Named AMA Alternate Delegate

Dr. Joseph E. Walther, Indianapolis, has been chosen as the alternate delegate of the AMA Section on Gastroenterology. He will be a member of the newly organized Section Council.

Doctors Address Science Students

Two Terre Haute physicians have been speakers at recent meetings of the Vigo County high school science seminar. When students visited St. Anthony's Hospital, **Dr. James Lee** addressed the group on pathological procedures. At a later meeting **Dr. James W. Cristee** discussed internal medicine with the group.

Discuss Juvenile Diabetes

Drs. D. Logan Dunlap and G. Walter Erickson, South Bend, participated in a panel discussion on juvenile diabetes at a recent meeting of the Diabetes Association of St. Joseph County.

Dr. Lehmberg Speaks, Shows Film

Dr. Otto F. Lehmberg, Columbia City, secretary of the Whitley County board of health, cited the tumor registry report for the area and showed a film dealing principally with cancer in males at a recent meeting of the Columbia City Rotary Club.

Speaks to Medical Explorers

Dr. Jene R. Bennett assisted in a recent tour of Memorial Hospital, South Bend, by members of the Medical Explorer Scout Post. The post, whose membership is more than 50, offers a program of standard and advanced first aid courses.

1971 Yearbook Offered

The 1971 Yearbook of the I.U. School of Medicine is available for purchase by friends of the University and relatives of the members of the graduating class, according to an announcement by Robert Cates, class president. The price is $6 and interested persons may send orders to Mr. Cates at 2611 Cold Springs Manor Dr., Indianapolis 46222.

Dr. Kinkade Inducted

Dr. Paul T. Kinkade, New Castle, has been inducted as a Fellow of the American College of Surgeons.

Lebanon YMCA Honors Dr. Paul R. Honan, Jr.

Dr. Paul R. Honan, Jr., Lebanon, who stepped down recently as chairman of the board of the Boone County YMCA, was paid special tribute at an appreciation dinner held in his honor. He was presented with a plaque bearing an inscription of appreciation for his service from the start of the "Y" in Boone County in 1965 until his resignation as chairman.

Elected ISU Alumni Director

Dr. Wayne Knochel, Rochester, chief of staff of Woodlawn Hospital, has been elected a director of the Indiana State University Alumni Association, a three-year post.

Tells of Escape from China

Dr. Luke Chiu, one of Franklin's newer physicians, was guest speaker at a recent meeting of the Franklin Business and Professional Women's Club. He told of his escape from Red China to Formosa and subsequent education in this country.

Continued

Prosthetic Care for the Medicare Patient

When medically prescribed, the Medicare program will assist the patient in purchasing a prosthesis, provided he is covered under Part B of Medical Insurance. All Hanger offices throughout the United States provide services under the Medicare program.

Hanger will provide each Medicare patient with the finest prosthetic care, including discussion of the patient's needs with the physician, a thorough examination and evaluation of the stump, careful consideration as to the patient's prognosis in the utilization of a prosthesis and assistance to the physician in determining the best type of prosthesis for the Medicare patient. Hanger also offers care in obtaining detailed measurements necessary to fabricate a quality prosthesis, which is then meticulously constructed and fitted. Personalized attention is available at any of our Hanger offices after the prosthesis has been delivered.

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when manhood ebbs... or is delayed due to testicular hormonal insufficiency

What nature denies, Halotestin may replace. That's the purpose of this orally active androgen in conditions such as impotency, eunuchoidism, and eunuchism. The most widely used agent of its kind, Halotestin is replacement therapy with approximately five times the potency of oral methyltestosterone. And, at its recommended daily dosage of 2 to 10 mg., Halotestin is economical as well as convenient. Of course, you will want to employ androgens carefully in young boys to avoid premature epiphyseal closure... and in the elderly where possible sodium retention may, minimally, precipitate edema. Tablets of 2, 5, and 10 mg.

Halotestin® 5 mg. tablets (fluoxymesterone Upjohn)

oral replacement with parenteral-like potency

Please see facing column for summary of contraindications, precautions, and adverse reactions.

Upjohn The Upjohn Company, Kalamazoo, Michigan 49001

Halotestin®
(fluoxymesterone, Upjohn)

Orally active androgen about 5 times as potent in anabolic and androgenic activity as methyltestosterone. Halotestin (fluoxymesterone) induces significant retention of calcium and potassium, but retention of sodium not marked. Doses below 20 mg. daily have little effect in producing creatinuria.
Indications *Male:* Replacement therapy in testicular hormone deficiency states. Prevents atrophy of the accessory male sex organs following castration for as long as therapy is continued. Impotence and male climacteric symptoms when due to androgen deficiency. Primary eunuchoidism and eunuchism. Delayed puberty when established as not a simple familial trait. Indicated for those symptoms of panhypopituitarism related to hypogonadism, however, appropriate adrenal cortical and thyroid hormone replacement therapy remain of primary importance. *Female:* Palliation of androgen-responsive, advanced, inoperable breast cancer in women between 1 and 5 years postmenopausal or women in whom castration has shown the tumor to be hormone dependent. Prevention of postpartum breast manifestations of pain and engorgement; there is no satisfactory evidence that this drug prevents or suppresses lactation per se. In osteoporosis androgens may be of adjunctive value to adequate considerations of diet, calcium balance, physiotherapy and general health promoting measures. *Males and Females:* In the treatment of protein depletion states which occur in geriatric patients, in debilitation states, in chronic corticoid therapy, resistant fractures; cryptorchidism; creating a positive nitrogen balance, tissue repair and other anabolic effects. Androgenic steroids may produce a response in aplastic anemias, myelofibrosis, myelosclerosis, agnogenic myeloid metaplasia and hypoplastic anemias due to malignancy or myelotoxic drugs. Androgens are not of value in other anemias.
Contraindications Pregnancy (may virilize female fetus), mammary carcinoma in the male, prostatic carcinoma, severe liver disease, severe cardiorenal disease and severe persistent hypercalcemia.
Precautions Employ with caution in young boys to avoid precocious sexual development and premature epiphyseal closure. Androgens tend to promote retention of sodium and water, therefore, watch for edema—particularly in the elderly. Incidence and severity of edema have been minimal and have been associated only with high doses used for palliation of breast cancer. Hypercalcemia may occur, particularly in patients with metastatic breast carcinoma; if this occurs the drug should be discontinued. Changes in liver function tests, such as increased BSP retention and SGOT levels, can occur during therapy. Jaundice has been rarely reported. If liver function tests are altered, discontinue medication or reduce dose. Priapism is indicative of excessive dosage and is indication for temporary withdrawal of drug. When treating protein depletion states or osteoporosis, an adequate diet should be provided and prolonged immobilization avoided whenever possible. When treating aplastic or hypoplastic anemias, androgen therapy should not replace other measure such as transfusion, correction of iron deficiency, antibacterial therapy, and the use of corticosteroids.
Adverse reactions Nausea, dyspepsia, menstrual irregularities, hepatic dysfunction, priapism, edema, precocious sexual development, and premature epiphyseal closure in young patients have been reported. *Male*—Prolonged administration or excessive dose may cause inhibition of testicular function with oligospermia and decreased ejaculation volume. *Female*—Large doses or prolonged administration may produce masculinization with signs such as hirsutism, deepening of the voice, enlargement of the clitoris, acne, and sometimes, increased libido.
Supplied *Tablets: 2 mg.*, scored—bottles of 100./ *5 mg.*, scored—bottles of 50./*10 mg.*, scored —bottles of 50.
For additional product information, see your Upjohn representative or consult the package circular.

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JA68-7627-R MED 8-5-S (LQX)

NEWS NOTES

Continued

Passano Award Winner Chosen

Dr. Stephen W. Kuffler, of the Department of Neurobiology of Harvard University, has been designated for the Passano Award, in recognition of his analyses of the transmission of information from one cell to another, how it is analyzed in the nervous system, and how muscle movement is controlled and executed. The Passano Foundation was formed in 1943 by the late Edward Boteler Passano, founder of William and Wilkins Company and the Waverly Press, both of which companies sustain the awards. Dr. Kuffler will receive a cash award of $7500. The prestige and selectivity of the Passano Award is evidenced by the fact that, of the 31 Passano laureates, six have subsequently received the Nobel Prize.

Dr. Price Presents Program

Dr. Robert W. Price, Elkhart, talked on "Child Psychology" at a recent meeting of the Junior Department of the Goshen Woman's Club.

Appointed to Three-Year Term

Dr. Frederic L. Schoen, Fort Wayne, has been appointed to a second three-year term on the Commission on Environmental Medicine of the American Academy of General Practice.

Hendricks County Society Sponsors "Boy to Man" Series

A health education program for grade 6 boys has been conducted recently by the Hendricks County Medical Society in cooperation with school authorities and the county health department. The program is designed to help the adolescent boy understand the changes which take place as he grows into manhood. A physician conducted a discussion period following the showing of a film, "Boy to Man," loaned by the Indiana State Board of Health. Assisting with the program were **Drs. Robert Kirtley, Danville; Thomas Walker, Brownsburg; Fred Warbinton, Plainfield; John Calhoon, Avon; Joseph Kerlin and Carl Heinlein, Danville.**

Camp Riley to Conduct Three Camps For Physically Handicapped Children

Camp Riley at Bradford Woods will conduct three two-week camp sessions for children who are physically handicapped by conditions other than diabetes and emotional disorders. Other periods are devoted to camps for the latter two groups by special organizaions. Ages 8 thru 15 are eligible to apply. For details write the James Whitcomb Riley Memorial Association, 309 Board of Trade Bldg., Indianapolis 46204.

Serve as Honorary Co-Directors

Drs. Reuben Craig and Richard W. Halfast, Kokomo, served as honorary co-directors of the 1971 Howard County March of Dimes campaign.

Dr. Joseph Griffin Speaks

One of the participants in a series of self-improvement workshops sponsored by the Porter County YMCA recently was **Dr. Joseph P. Griffin, Chesterton,** who discussed "The Skin and Diet."

Continued

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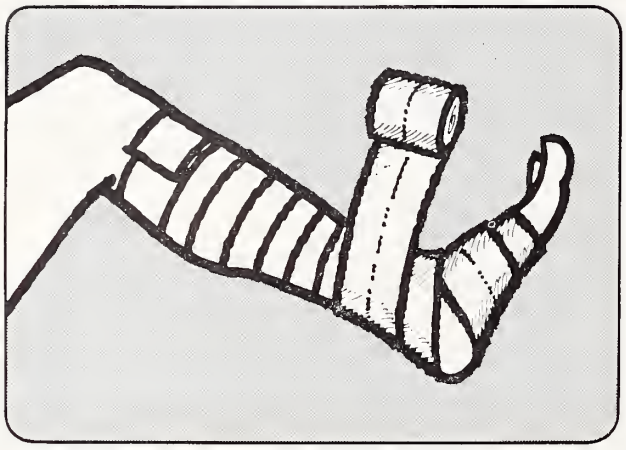

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NEWS NOTES

Continued

Drug Abuse Guide Reprinted

The curriculum guide "Teaching About Drugs" which was produced by the Pharmaceutical Manufacturers Association and the American School Health Association has been printed for the second time. The first printing of 25,000 copies was quickly exhausted. The second press run was extended to 50,000. The book is available from the American School Health Association, 107 S. Depeyster St., Kent, Ohio 44240, at $4.00 per copy, cash with the order.

Dr. Wilson Appointed

Dr. John D. Wilson, Evansville, has been appointed to a 1-year term on the Committee on 1971 State Officers' Conference of the American Academy of General Practice.

Reports on Service in Vietnam

Dr. Leonard J. Green, Valparaiso, was the speaker at a recent meeting of the Valparaiso Rotary Club. He related some of his experiences on the staff of a Vietnamese civilian hospital. He served for two months as an unpaid medical volunteer under auspices of the Agency for International Development and the AMA. **Dr. Daniel R. Evans** was program chairman.

AAGP Appoints Dr. Allen Fischer

Dr. A. Allen Fischer, Indianapolis, has been appointed to a three-year term on the commission on education of the American Academy of General Practice.

Medical Assistants Hear Dr. Rank

Dr. William B. Rank, Fort Wayne, was the featured speaker at a recent meeting at which the 12th district chapter of the Indiana Association of Medical Assistants entertained members of the Fort Wayne Medical Society Auxiliary.

U of Colorado Announces Postgraduate Calendar

The University of Colorado School of Medicine has announced its June-December 1971 postgraduate calendar, which opens with the seventeenth annual General Practice Review June 21-26 at Estes Park.

The session on ophthalmology will be held at Colorado Springs July 5-8; pediatrics, July 11-14 at Aspen; internal medicine, July 20-24 at Estes Park; dermatology, July 22-24, Aspen.

Recent advances in rheumatic diseases will be given at Estes Park July 26-29.

Fall meetings scheduled include: Hospital medical staff conference Sept. 27-Oct. 1, at Estes Park; high risk infant care (in which the registration will be limited), Oct. 4-8; obstetrics and gynecology, Oct. 11-13; oral cancer seminar, Oct. 27; and trauma, Nov. 1-5.

For further information and detailed programs, write: The Office of Postgraduate Medical Education, U of Colorado School of Medicine, 4200 E. Ninth Avenue, Denver 80220.

WHO Offers Travel Fellowships

The World Health Organization will make available in 1972 a limited number of short term fellowships for travel abroad related to the "improvement and expansion of health services" in the United States. This is for United States citizens engaged in operational or educational aspects of public health. The award will cover per diem and transportation. Deadline for applications is September 30, 1971. Write Dr. Robert W. Jones, III, Room 1014, HEW-S, Washington, D.C. 20201.

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Orenzyme® Bitabs One tablet q.i.d.
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Reduces swelling
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One tablet q.i.d.

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☐ Accidental Trauma ☐ Postoperative Tissue Reactions.
Other conventional measures of treatment should be used as indicated. In infection, appropriate anti-infective therapy should be given.
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Precautions: It should be used with caution in patients with abnormality of the blood clotting mechanism such as hemophilia, or with severe hepatic or renal disease. Safe use in pregnancy has not been established.
Adverse Reactions: Adverse reactions with ORENZYME have been reported infrequently. Reports include allergic manifestations (rash, urticaria, itching), gastrointestinal upset and increased speed of dissolution of animal-origin surgical sutures. There have been isolated reports of anaphylactic shock, albuminuria and hematuria. Increased tendency to bleed has also been reported but, in controlled studies, it has been seen with equal incidence in placebo-treated groups. (See Precautions.) It is recommended that if side effects occur medication be discontinued.
Dosage: One tablet q.i.d.

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Deaths

G. O. Larson, M.D.

Dr. Goyt O. Larson, 67, who served as president of the Indiana State Medical Association in 1968, died April 15 in a hospital in Holbrook, Ariz. He had attended a Blue Shield convention in San Francisco and was returning to LaPorte when stricken.

A graduate of Northwestern Medical School, Dr. Larson had practiced in LaPorte since 1928. Active in county, district and state medical association activities for many years, he had served as president of the LaPorte County Medical Society and of the 13th District Medical Society. A past president of the Indiana Blue Shield organization, he had also served as president of the Indiana Comprehensive Health Planning Committee and of many community organizations.

Lester G. Ericksen, M.D.

Dr. Lester G. Ericksen, 71, died April 24 in Bethesda Memorial Hospital, Boynton Beach, Fla.

A Fellow of the American College of Radiology, he served as president of the Indiana Roentgen Society in 1946 and was a member of the Radiological Society of North America and the American Roentgen Society. He served as president of the St. Joseph County Medical Society in 1952 and was a senior member of the Indiana State Medical Association and the AMA.

Myron H. Green, M.D.

Dr. Myron H. Green, 53, Port Townsend, Wash., died March 12 in Sun Valley, Idaho.

He formerly was chief resident physician at Methodist Hospital and also was a deputy coroner for Marion County. He was a graduate of the Indiana University Medical School and served in the Navy during the Korean War.

L. Paul Hart, M.D.

Dr. L. Paul Hart, Evansville, 60, died at his home March 20. A native of Warrick County, he had practiced in Evansville since 1937 except for four years service with the Army in World War II. He was a graduate of the Indiana University School of Medicine and was certified as a diplomate of the American Board of Surgery and was a Fellow of the American College of Surgeons. Dr. Hart was a member of the Vanderburgh County, Indiana and American Medical Associations.

Cloyn R. Herd, M.D.

Dr. Cloyn R. Herd, 70, Peru, died at a Peru nursing home March 26. A graduate of the Indiana University School of Medicine, Dr. Herd was a member of the American Academy of General Practitioners, Association of American Physicians and Surgeons, in which he held an emeritus membership, ISMA and AMA. He had served as president and secretary of the Eleventh District and as president of the Miami County Medical Society. He was a former member of the local board of health.

Robert Johnston, M.D.

Dr. Robert G. Johnston, 84, Huntington, died at Ball Memorial Hospital, Muncie, April 25.

A graduate of the University of Michigan Medical School, he had practiced in Markle from 1913 until entering military service in 1918. He maintained an office in Huntington from 1919 until his retirement in 1968.

A senior member of the Indiana State Medical Association, he was honored in 1961 as one of 33 Indiana physicians who had practiced medicine for half a century.

Halleck S. Knotts, M.D.

Dr. Halleck S. Knotts, 52, Columbus, died April 8 at the Bartholomew County Hospital. A native of Matthews, Dr. Knotts was a graduate of the Louisville Medical School.

He was a past president of the Bartholomew-Brown County Medical Society and served in the Army Medical Corps.

Harold Nugen, M.D.

Dr. Harold Nugen, 69, lifelong Auburn resident, died March 18 at his home. A veteran of World War II, he was a graduate of the Indiana University Medical School and a member of the DeKalb County Medical Association.

Oscar Noel Torian, M.D.

Dr. Oscar Noel Torian, 95, died March 29 in Emerald-Hodgson Hospital at Sewanee, Tenn.

A native of Evansville, Dr. Torian practiced medicine in Indianapolis 37 years before "retiring" to Sewanee in 1941. Once there he found children going without medical care, so he plunged into a new career which lasted 25 years. He was professor of pediatrics at the I.U. School of Medicine from 1920 to 1941 when he was named professor emeritus. He was a graduate of the University of Pennsylvania Medical School.

L. W. Vore, M.D.

Dr. Louring W. Vore, 70, died March 23 in St. Joseph Hospital, Phoenix, Ariz.

Born in Lima, Ohio, Dr. Vore was a graduate of Rush Medical College and had practiced 40 years in Plymouth. He had served as public health officer of Marshall County and the City of Plymouth and also served two terms as Marshall County coroner. A former president of the 13th District Medical Society, he was a member of the Marshall County, Indiana State and American Medical Associations.

Otto W. Wickstrom, Sr., M.D.

Dr. Otto W. Wickstrom, Sr., 68, Columbus, died March 20 at Golden Isle Hospital, Hallandale, Fla. A native of Norway, Dr. Wickstrom was a 1927 graduate of Indiana University and served as a physician in the Navy for 30 years. He had practiced at Columbus since 1962.

He was a member of the national board of the Ear, Nose and Throat Academy, the American and Indiana State Medical Associations and the Bartholomew-Brown County Medical Society.

Louis Byrne, M.D.

Dr. Louis Byrne, 40, Bloomington, died April 17 in a plane crash in LaPesca, Mexico, while en route to Honduras, where he planned to spend two weeks ministering to the medical needs of bush-natives. For a number of years he had made similar annual trips to Honduras as a member of the Christian Medical Society Group Mission.

A native of Chicago, Dr. Byrn was a graduate of the University of Illinois Medical School and had practiced in Roachdale before moving to Bloomington. ◄

Association News

BOARD OF TRUSTEES

November 14, 1970

The Board of Trustees of the Indiana State Medical Association convened at 6:00 p.m. in the Headquarters Building with Dr. Joe Dukes, chairman, presiding.

Roll call showed the following:

District	Trustee	
1	G. M. Wilhelmus	Absent
2	Joe Dukes	Present
3	Eli Goodman	Absent
4	Robert Reid	Absent
5	Wilbert McIntosh	Absent
6	Stephen Smith	Present
7	James Gosman	Absent
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	William Sholty	Present
10	Vincent Santare	Present
11	Lowell Hillis	Absent
12	Wm. Clark	Present
13	Otis R. Bowen	Absent

District	Alternate Trustee	
1	Raymond Newnum	Absent
2	Betty Dukes	Absent
3	E. L. Wallace	Absent
4	Jack E. Shields	Present
5	C. M. Schauwecker	Present
6	Paul Inlow	Absent
7	John O. Butler	Present
7	Joseph Kerlin	Absent
8	Robert Williams	Absent
9	Lindley Wagner	Absent
10	Thomas Tyrrell	Present
11	James Harshman	Present
12	Frederic Schoen	Absent
13	G. Beach Gattman	Present

Officers:

Malcolm O. Scamahorn, president	Present
Peter R. Petrich, president-elect	Present
Lester H. Hoyt, treasurer	Present
Hugh K. Thatcher, assistant-treasurer	Present
Frank B. Ramsey, editor, *The Journal*	Present

Executive Committee:

Donald M. Kerr, chairman	Present
Wilbert McIntosh, member	Absent

Delegates and Alternate Delegates:

Don E. Wood	Present
Eugene F. Senseny	Present
Frank H. Green	Present
John S. Farquhar	Present
Jack E. Shields	Present
James Harshman	Present
Eugene Rifner	Present
Kenneth O. Neumann	Present
P. J. V. Corcoran	Absent
Thomas Tyrrell	Present

Staff:

Robert J. Amick, field secretary	Present
Howard Grindstaff, field secretary	Present
John L. Walters, field secretary	Present
Kenneth W. Bush, administrative assistant	Present
Jas. A. Waggener, executive secretary	Present

Minutes of Meetings October 12, 14 and 15

On motion of Drs. Scamahorn and Petrich the minutes of the meetings held October 12 and 14 were approved as printed. The minutes of the meeting held October 15 were approved on motion of Drs. Petrich and Santare. The minutes of the organization meeting of the Board held October 15 were approved on motion of Drs. Santare and Petrich.

Treasurer's Report

The treasurer gave a report on the financial condition of the association showing the receipts and expenditures for the previous month; reviewed the investment portfolio; and the Journal financial situation. On motion of Dr. Hoyt, duly seconded, the report was adopted.

Report of AMA Delegates

The chairman then called on Dr. Senseny to review the matters to come before the House of Delegates of the AMA at the Clinical Session of the AMA in Boston the latter part of November. The various delegates and alternates were assigned specialty reports and resolutions which were reviewed in detail by the delegates and alternates.

Following the reports, the matter of the ISMA inviting the AMA to hold its Clinical session in 1975 in Indianapolis was further discussed and the delegates were to work to extend this invitation to the entire House of the AMA.

Then the matter of a trustee vacancy occuring in the AMA in June of next year was discussed and, on motion of Drs. Petrich and Clark, the Board endorsed nominating Dr. Don E. Wood of Indianapolis for the vacancy on the Board of Trustees now held by Dr. Simenstad of Wisconsin. On motion of Drs. Petrich and Santare, the Board appropriated a sum of $1,000 to be used in furthering Doctor Wood's campaign.

There being no further business, the Board recessed to convene again at 9:00 a.m. on Sunday, November 15.

BOARD OF TRUSTEES

November 15, 1970

The Board of Trustees reconvened in the Headquarters building of the association at 9:00 a.m. Sunday morning, November 15, with Dr. Joe Dukes, chairman, presiding.

District	Trustee	
1	G. M. Wilhelmus	Present
2	Joe Dukes	Present
3	Eli Goodman	Absent
4	Robert Reid	Absent
5	Wilbert McIntosh	Present
6	Stephen D. Smith	Present
7	James Gosman	Absent
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	William Sholty	Present
10	Vincent Santare	Present
11	Lowell Hillis	Present
12	William Clark	Present
13	Otis Bowen	Absent

District	Alternate Trustee	
1	Raymond Newnum	Absent
2	Betty Dukes	Absent
3	E. L. Wallace	Absent
4	Jack Shields	Absent
5	C. M. Schauwecker	Present
6	Paul Inlow	Present
7	John O. Butler	Absent
7	Joseph Kerlin	Absent
8	Robert Williams	Absent
9	Lindley Wagner	Absent
10	Thomas Tyrrell	Present
11	James Harshman	Present
12	Frederic Schoen	Absent
13	G. Beach Gattman	Present

Officers:

Malcolm O. Scamahorn, president	Present
Peter R. Petrich, president-elect	Present
Lester H. Hoyt, treasurer	Present
Hugh K. Thatcher, assistant-treasurer	Present
Frank B. Ramsey, editor, *The Journal*	Present

Executive Committee:

Donald M. Kerr, chairman	Absent
Wilbert McIntosh, member	Present

Guests:

Charles H. Rushmore
Kenneth O. Neumann

Staff:

Robert J. Amick, field secretary	Presen
Howard Grindstaff, field secretary	Presen

John L. Walters, field secretary Present
Kenneth W. Bush, administrative assistant Present
Jas. A. Waggener, executive secretary Present

Reports of Officers

President Scamahorn discussed the results of the election and announced that Dr. Bowen was re-elected along with Dr. Lamkin of Indianapolis and Dr. Floyd Coleman of Waterloo. From information received, Dr. Bowen will be re-elected speaker of the House for this session, provided there is a Republican majority. Members will get mail within the next two or three weeks concerning the Leadership Training Conference which is to be held at the association headquarters on Saturday and Sunday, January 16 and 17.

I have distributed to you a printed report and the four weeks since I have assumed the presidency have been quite hectic. As you can read, I have attended many meetings. One of the most beneficial, as far as our image is concerned, was the meeting at Vincennes University on October 28th. Now there was a proposed bill establishing a Commission on Paramedical Personnel. In the passage of the bills, as I understand them, the ISMA would have only one vote in determination of criteria and curriculum. As you well know, the president cannot in all situations devote as much time to an area as he would like and is necessary. Therefore, I have asked our president-elect, Dr. Petrich, to be responsible for promoting the training of physician's assistants and other allied health personnel. The present bill that has been prepared in this area is one that I personally cannot buy at all at this time.

My final comment is regarding the Teen Health Happening. The films and recordings of this program have been very widely used by our public schools and I would appreciate the authority of the Board to proceed at least tentatively with the program and bring it back to you for final approval. As you remember, this was the action of the House of Delegates that the holding of a Teen Health Happening in 1971 was not my decision alone but it was a meeting of the minds of this Board as to whether or not it would be held in 1971. While there have been many suggestions even to holding quarterly meetings, I would like at least to have your approval to proceed with some plan and if a plan is more or less prepared with some suggested speakers of certain quality, then bring this idea back to this Board for your final approval.

CHAIRMAN: I think this request, Dr. Scamahorn, comes under Resolution 70-19 and I was going to assign that to you so I do not think we have to make a motion at this time.

DR. SCAMAHORN: One other thing, if you will recall, the House of Delegates took action that the meeting of the state association in 1971 charges that we turn the Scientific program over to the specialty societies. I have discussed this with Mr. Waggener at least to give the commission and the specialty societies something to begin working on and I would like to have your respective approval of my suggestions.

On Monday we have our Board of Trustees and Executive Committee meeting and the annual Board of Trustees' dinner. Begin the first session of the House of Delegates on Tuesday morning; with Reference Committees meeting Tuesday afternoon. Wednesday will be set aside for specialty societies to have their scientific meetings. I would then propose that we have a second session of the House of Delegates on Wednesday afternoon and that a President's Reception be held from 5:30 to 7:30 p.m. I would like to see a formal reception line for those who feel obligated to go through the reception line as well as to meet dignitaries from other states. I would like to have hors d'oeuvres with a bar. I would like to invite by special invitation every senior medical student and also the I.U. Student Council, so we, the practitioners, know who they are. Promptly at 7:30 p.m. the bar would be closed, the lights lowered and every one free to go to dinner with their friends or attend dinners arranged by the specialty societies. On Thursday morning the association would have their program of a socio-economic nature and I would like to have some controversial people on this, in order to make it worthwhile. At noon on Thursday we would have the president's luncheon and I have already written to Governor Reagan inviting him to be our speaker. If the Governor turns us down, I have two additional speakers in mind - one is Jim Buckley from New York and the second is Ed Kennedy. If you want a crowd, get somebody like this and people will come. I would appreciate having your ideas. Thursday afternoon we would have a final meeting of the House of Delegates; take care of any unfinished business and the election of officers and I would hope we could adjourn the House by 3:30 p.m.

QUESTION: I believe you said you were going to have a Leadership Training Conference in January. I have been informed that you are going to have a County Society Officers Conference as well; is that right?

DR. SCAMAHORN: The Conference of County Medical Society Officers will be held on January 10 and this is not the same as the Leadership Conference which will be held January 16-17.

Some discussion was held concerning the possibility of other speakers for the President's Luncheon.

CHAIRMAN: Thank you, Malcolm. It looks like you have been busy. Concerning the Hoosier Teen Health Happening, 70-19 in part says "We strongly recommend to the incoming officers that the program be a continuing event at appropriate intervals to assure its proper utilization provided approved by the Board of Trustees," so when he comes back with something definite it will have to be approved by this Board. I therefore turn this resolution over to you to follow through.

I will now call on Doctor Petrich, president-elect.

DR. PETRICH: We have attended quite a few meetings, as has been reported, and at one of them Malcolm and I had the opportunity to talk with Jim Waggener about some of the things we want to do this year. As Dr. Scamahorn has pointed out, I requested his permission to present a proposition to this Board. The proposition is this — that this year I devote my energy toward an investigation of (with an Ad Hoc committee) the whole concept and idea of physician's assistants; study the matter in depth, utilizing the services of directors of medical education and hospitals throughout the state; using the services of administrators from colleges and universities in the community areas outside of Indianapolis; utilizing the Commission on Medical Education; utilizing the Health Careers personnel, especially Mrs. Jan Davidson and Doctor Rushmore. I would hope that, if you give me the go-ahead to make this study, in the not too distant future we would have a meeting in the headquarters building and begin to explore the question as to whether or not there is a need; whether the physicians would utilize this type of services if physician's assistants were available through a training program in Indiana; and, if there is to be a training program, what the program should encompass. Should there be multiple programs for multiple specialties? Subsequently, when some ideas are generated and some plans are formulated, I would report back to the Board what had occurred to date and request your continued approval or disapproval.

I would also like to comment on the recent reporting to the Press of the Nader group and their findings with respect to the quality of medical care. The report

was prepared by two medical students and two law students. Later in the week there was a report from the physician's assistants meeting in Durham, N.C. at Duke University. In both instances Dr. Bornemeier spoke as the president of the AMA and I am sure what he said represented organized Medicine's thinking but what was quoted in the paper, in my opinion, put the AMA and the practicing physicians in a very bad light.

CHAIRMAN: If there is no objection, we assume that President-elect Petrich will be given the go-ahead with this program and report to us from time to time.

A discussion of his report was held by Dr. Wilhelmus and Dr. Thatcher.

DR. SANTARE: I move that a letter of protest be sent protesting the manner in which the president of the AMA responded to the Nader report. The motion was seconded by Dr. McIntosh.

The motion was discussed by Dr. Hillis and Dr. Dukes, put to vote and carried.

CHAIRMAN: Editor Ramsey.

DR. RAMSEY: No report.

CHAIRMAN: We have invited Dr. Charles Rushmore, a member of the Board of Directors of Health Careers, to appear before us this morning. I would like to introduce to you, Dr. Rushmore.

DR. RUSHMORE: I have placed my remarks on paper so I can stay organized. I am sure some of you are certainly aware that I have an axe to grind. I attended Reference Committee #3 at the South Bend convention and I would like to read a couple of things from Report C which was considered at that Reference Committee. "The question of providing adequate health manpower is an overwhelming one, as everyone knows. It is felt the Indiana State Medical Association's Commission on Medical Education and Licensure should undertake a more active and definitive role in planning and training programs, etc."

In discussing Report C I presented the fact that I believe we as leaders in the health field were not giving it enough support. In 1958 a steering committee was formed and in 1961 Indiana Health Careers was incorporated. It creates interest in all health careers whenever and wherever possible and maintains the only source of information regarding their educational and training programs in health occupations in the state. Some services to accomplish these functions are "career days" in the schools; presentations at high school assemblies; presentations in classroom sessions: maintaining a clearing house for literature: correlating tours of available facilities for high school classes: maintaining a speaker's bureau: promoting health career clubs; having regular orientation sessions for school guidance people; and having an annual conference.

What has been accomplished since 1961: During 1969 our staff consultants made presentations in classrooms and assemblies in 81 of our 92 counties in Indiana. We visited a total of 251 high schools, 124 junior high schools, and 13 colleges. In these presentations we made 153 in assemblies alone and 2,258 in classrooms. We estimate that we reached at least 125,000 students. We did individual counseling through the office with 3,815 students. We think that with the total program we have reached 584,000 youngsters in this state. We have distributed 206 pieces of literature, handled 45,847 written requests for information and have mailed out about 75,000 responses. At the state fair alone we counseled with 2,126 youngsters. We have been selected for a pilot program for a new effort in attracting medically trained and experienced military medical service dischargees. This is called MEDIC (military experience directed into health careers).

We, as physicians, consider ourselves leaders in the health field which, right now, is the third largest employer in the USA and, by 1975, it is forecast it will be the largest employer. I think we all realize that getting additional physicians is not going to solve the physician shortage problem but it will probably be solved by development of allied health professions. I think we should consider ourselves responsible for maintaining the quality and delivery of health care. I think we need to be involved in the planning and implementing of the various allied health professions. In Indiana Health Careers we have a ready-made recruiting agency. For the first time in the history of Indiana there were more students who applied and were qualified for admission to nursing schools than could be accepted last fall. This is directly related to the efforts of Indiana Health Careers. The support given this organization by the Indiana State Medical Association is embarrassingly meager. I am not only referring to financial support but, in my opinion, it should have status relating to this organization comparable to the Woman's Auxiliary. It is embarrassing to me, as a member of this organization, to have to admit that we have not in the past considered this organization worthy of support. The hospitals of this state individually and through their organization have contributed $19,513.00: Indiana Dental Association gave $400; Indiana Heart Association $250: the Veteran's Association $250; Indiana State Nurses Association $500; Indiana Ophthalmologists $125; and in 1965 ISMA gave $100 and 1967 they gave $100 and in 1968, as a result of the action of the House of Delegates, they gave $500. In 1969 they donated a film which cost approximately $125.

Indiana Health Careers will spend $130,990 this year. $35,000 will be from Comprehensive Health Planning; $25,000 from RMP; $32,297 from OEO. The State Board of Health, through assignment of employees, will have contributed $8,700. The National Youth Council, through a distribution of employees, will contribute a little over $1,000. The member organizations of Indiana Health Careers will account for $38,702. Lilly's gave us a three-year grant of $10,000 per year and Lilly bailed us out in a time of difficulty for an additional $20,000. I would therefore like to make the following recommendation to this Board:

(1) A committee to be appointed, chaired by the president and officers as an ad hoc committee until it can be made into a commission for manpower and education.

(2) A significant annual membership contribution to be made to the organization.

(3) An annual report be made by the executive director or the president of Indiana Health Careers to the House of Delegates with regard to progress, needs and plans in the area of recruiting, and planning for the training of allied professions.

The motion was discussed by Drs. Santare, Gattman and Schuster.

DR. DUKES: I will appoint the Ad Hoc Committee and will name Doctor Petrich, Dr. Wilhelmus and Dr. Santare. This committee might be able to report back to the Executive Committee on December 16 with some preliminary findings.

I will now read a letter from the Academy of Ophthalmology concerning their having representation on the Board of Blue Shield. This is for information only.

I will now ask Mrs. Jan Davidson, director of Indiana Health Careers, to further enlighten us on this ogranization.

Following her comments, the question was asked as to what physicians were on the Board of Directors, and she named Dr. Lester Hoyt of Indianapolis, Dr. John D. Stepleton of Richmond, Dr. Rushmore of Indianapolis. She said that at the last meeting of the Board of Directors two physicians of Evansville were nominated to become members of the Board.

CHAIRMAN: *Resolution* 70-1 referred to the Commission on Constitution and Bylaws - as Dr. Sholty and Dr. Goodman have been on that commission, I am go

ing to ask Dr. Sholty to follow this matter and bring this back to the Board. We would like to have all of these reports back at our April meeting, if possible.

Resolution 70-3 referred to the Medical Economics and Insurance Commission. I will ask Dr. Santare to be responsible for following this matter.

Resolution 70-4 "Fee Negotiating Mechanism" we will send to the Commission on Medical Economics and Insurance, also the Commission on Governmental Medical Services.

Resolution 70-10 dealing with "Medical Liability Limits." I would like to have Dr. Ingram and Dr. Schuster handle this matter and I will ask Dr. Bowen to serve as an advisor.

Resolution 70-12 on "Medical Education" I will refer to the Commission on Medical Education and Licensure.

Resolution 70-13 "Physical Examinations for School Employees" I will send to Public Health and ask Dr. Hillis to see that it comes back.

Resolution 70-14 Governor's Commission on Education, I will assign to Commission on Legislation.

Resolution 70-15 Semi-annual meeting of the House of Delegates. Dr. Wilhelmus will you get together with Mr. Waggener and bring this back to us?

Resolution 70-16 I will assign this to the Commission on Legislation.

Resolution 70-17 "Reporting Disposition of Previous House Actions." I will assign this to the President-elect, Dr. Petrich.

Resolution 70-18 I have referred this to the AMA delegation.

Resolution 70-19 referred to President Scamahorn.

Resolution 70-20 referred to Medical Education and Licensure, and I would like to ask Dr. Petrich to see that this comes back to us.

Resolution 70-21 "Abortion Poll." This is in the process of preparation and the Board as a whole will take care of this matter when the results of this survey are in.

Resolution 70-23 "Financing of the Dialysis Program" referred to the Commission on Legislation.

Resolution 70-24 Commission on Medical Economics and Insurance.

Resolution 70-25 "Annual Meeting Program" to Convention Arrangements Committee. Dr. Wilhelmus will you see that this comes back?

Resolution 70-27 "Standards of Non-Medical Drugs" referred to Public Health and, Dr. Smith, I would like for you to follow this and bring it back to us.

Resolution 70-28 "Endorsement of Indiana Plan," referred to the Commission on Medical Education and Licensure.

Resolution 70-29 "Hazards of Glass Doors," assigned to Public Health, Dr. Smith, will you please follow this one?

Resolution 70-30 "Uniform Ambulance Code" referred to the Commission on Legislation and, Dr. Ingram, I would like for you to follow this one.

Resolution 70-31 "Indiana Plan," referred to Medical Education and Licensure.

Resolution 70-32 "Foreign Medical Graduates" to Medical Education and Licensure.

Resolution 70-34 "Health Certificates for Licensing Certain Individuals" referred to Commission on Legislation.

Resolution 70-35 "Blood As a Service," Commission on Legislation.

Resolution 70-36 "Blood Transfusions" to Commission on Legislation.

Resolution 70-38 *and* 39 Environmental Control" assigned to Public Health. Dr. Smith, I would like for you to follow this one.

Report D of the Board of Trustees, the Commission on Medical Economics and Insurance.

Report I, Board of Trustees Convention Arrangements, Dr. Wilhelmus.

Report of the Student Loan Committee - I will handle this and we should have complete Board action on this matter.

Grievance Committee Report, this will also be handled by the Board as a whole.

Report of the Commission on Special Activities - Point 2 of the latest committee report referring back to the Commission on Special Activities, and Dr. Clark, I would like for you to follow this. Point 3 of the report will be referred to the Commission on Inter-Professional Relations. Point 4 of the committee report is referred to the Commission on Legislation. Point 5 to the Commission on Inter-Professional Relations. The question of the Judiciary Committee I refer to the Commission on Legislation.

DR. HILLIS: I would move that an ad hoc committee be appointed to study the Judiciary Committee and the action of the House of Delegates.

The motion was seconded by Dr. Clark, put to vote and carried.

CHAIRMAN: I will appoint such an ad hoc committee at this time composed of Dr. Thatcher, Dr. Ingram and Dr. Hillis and suggest that they report back to the Executive Committee on December 16.

The paragraph of the Reference Committee report concerned with orientation, I will assign to Dr. Clark.

The excerpts from the report of the president, Dr. Steen, I will refer to the Commission on Legislation.

New Business

Computerized Medicine.

DR. PETRICH: At the meeting in Terre Haute a discussion came up about the Committee on Computers. Dr. Reid made a recommendation to the Board that he not be the only working individual in this area and that it be expanded in order to conduct the work in this area.

CHAIRMAN: What is the feeling of this Board on continuing the Computer Medicine Committee?

DR. WILHELMUS: Dr. Reid was made chairman and he was supposed to ask as many men as he wanted to serve on his committee.

DR. PETRICH: The committee, as it was set up, was only two or three people. The point is that in his report he made a request to the Board in the form of a motion that this committee be expanded. The Board approved it. No committee was then appointed by the then chairman as it was too close to the end of the chairman's time in office.

DR. MCINTOSH: I move that you contact Dr. Reid and get a little more idea of what he wants on this committee and come back to us again.

CHAIRMAN: The motion has been duly seconded - all those in favor say "aye" and opposed same sign. The motion was carried.

DR. SCAMAHORN: You all have before you a copy of the Medical Disciplinary Act as proposed by Dr. Steen and, as you know, approved in our House of Delegates that something of this type be done. This was a modified copy from the Washington law and the Commission on Legislation referred this for guidance. The House has mandated that we introduce such a bill. I read it once and basically I couldn't see any objection as such but I think it is important that we review this. It calls for a man to be nominated by 25 members in each Congressional district. This must be done by signed petition, signed by 25 physicians holding an unlimited license to practice medicine. The nomination then when made is submitted to all the members in that respective district to vote on their representative on this Board.

You will remember Dr. Steen proposed this last year. He called for it again in his President's Report and the Reference Committee authorized its introduction. I think the Medical Licensure Commission should study this but, in any event, the Commis-

sion is going to need some guidance.

CHAIRMAN: I think we should take this home and study it well.

DR. THATCHER: This has been studied. Your Legislative Commission has only until January 2 to get this implemented. I think it is a mistake to pass it back again. I feel very strongly that we need support. I sit on the Grievance Committee at the local and state levels and we have no community action whatsoever within the confines of our organization to do one thing when it comes to this sort of thing. This is one reason Dr. Steen wanted this type of action. I think it is a very profound action. We have problems, I am sure, in every district. I think if we are going to police our ranks in the future, and we are going to have to, as evidenced by the report that was referred to you this morning, we are going to have to have some method of doing it. I think this places it in the hands of the physicians of the State of Indiana and gives them the right to pass on it. I would request that the Board take some action on this at least to refer it to the Legislation Commission, as it has been mandated by the House.

DR. INGRAM: I am not in total disagreement with you but I think probably since I have been on the Board we have not considered any material that could have such a profound effect upon the life of the physicians as in this case. I am not so sure this is so urgent that it has to go into Legislation this year but I will concede that it might be. But, if it is, I would like to ask the chairman to see that at least one or two men are specifically designated to follow this thing and to report how they intend to approach the Legislature with this bill.

DR. HILLIS: I think we are obligated to police our own actions. Doctor Ingram has pointed out the extreme importance of this and every time you have referred anything away from this Board, it gets lost. I therefore move, Mr. Chairman, that a committee from this Board be appointed to lead the discussion at your next Executive Committee meeting on December 16 in order that it can be in the hopper in January.

DR. CLARK: I second the motion.

CHAIRMAN: I will therefore appoint Dr. Thatcher, Dr. Ingram and Dr. Hillis to follow this up, and these men are to report to the Executive Committee on December 16.

DR. SCAMAHORN: I think we are all in agreement that these people give a report at the December 16 meeting. If in the affirmative, I take it that the Legislation Commission and I proceed at once.

This was discussed by Dr. Ingram, Dr. Smith, Dr. Petrich, Dr. Santare, Dr. Harshman and Mr. Waggener.

CHAIRMAN: My suggestion is that we go ahead and proceed with the December 16 meeting and what comes out of that will decide on the procedure we follow from there. If it is possible, perhaps this appointed committee could meet and review these five pages of terminology and possibly report back to the Board following lunch.

CHAIRMAN: We will now have the report from the Chairman of the Executive Committee.

DR. KERR: The Executive Committee met yesterday afternoon and referred the following matters to this Board: (1) A survey of members on their position on abortion and their agreement or disagreement with the AMA statement on abortion. You have all received a copy of the proposed wording of this survey. This will be sent out, if there are no objections, and the committee will report back to you the results of the survey when completed. (2) A meeting with the Executive Committee of RMP. The Executive Committee of the Association will meet with the Executive Committee of the RMP group on December 16, which is in accord with the agreement reached in South Bend as a hopeful means of resolving some of the differences existing between the physicians and RMP. (3) Correspondence between an East Chicago physician and Blue Shield.

Dr. Kerr then read an exchange of correspondence dealing with a collection agency claiming to be able to change physicians' billing for Medicaid patients in order to get the physicians more money.

DR. KERR: Does the Board have any suggestions as to what the Executive Committee should do?

DR. DUKES: I understand that Dr. Black, Chairman of the Board of Blue Shield, is on this matter and at the moment is making an investigation and I assure you that it will be brought to the attention of the Executive Committee of the Blue Shield Board at their next meeting for a full explanation.

DR. KERR: The next item is Convention Matters. The registration at the convention in South Bend was the second lowest in attendance for many years. The Executive Committee voted yesterday to recommend to the Board that the 1972 meeting, which is scheduled to be held in French Lick, be re-scheduled for Indianapolis. The new convention center will be available and the action of the House of Delegates in asking that in view of the specialty societies conducting the scientific programs, it appears that the French Lick facility does not have the space to accommodate this type of meeting. In the new convention center we will be able to have our exhibits and all of our meetings, including those of the specialty societies, all under one roof. We therefore make this recommendation and ask that your decision be made as rapidly as possible, because it is necessary to sign contracts soon.

DR. SCAMAHORN: I move that the 1972 meeting be held in the convention center of Indianapolis and that the secretary be authorized to sign the contract.

The motion was duly seconded, put to vote and carried.

DR. KERR: Meeting with the Executive Committee of the Hospital Association. The Executive Committee also plans to meet with the Executive Committee of the Hospital Association on December 16 to discuss the annual conference of physicians, chiefs of staff, hospital administrators, Board of Trustees and Legislative Committee.

There being no further business, the Board adjourned to meet again at 9:00 A.M. Sunday, January 31, 1971, in the headquarters office.

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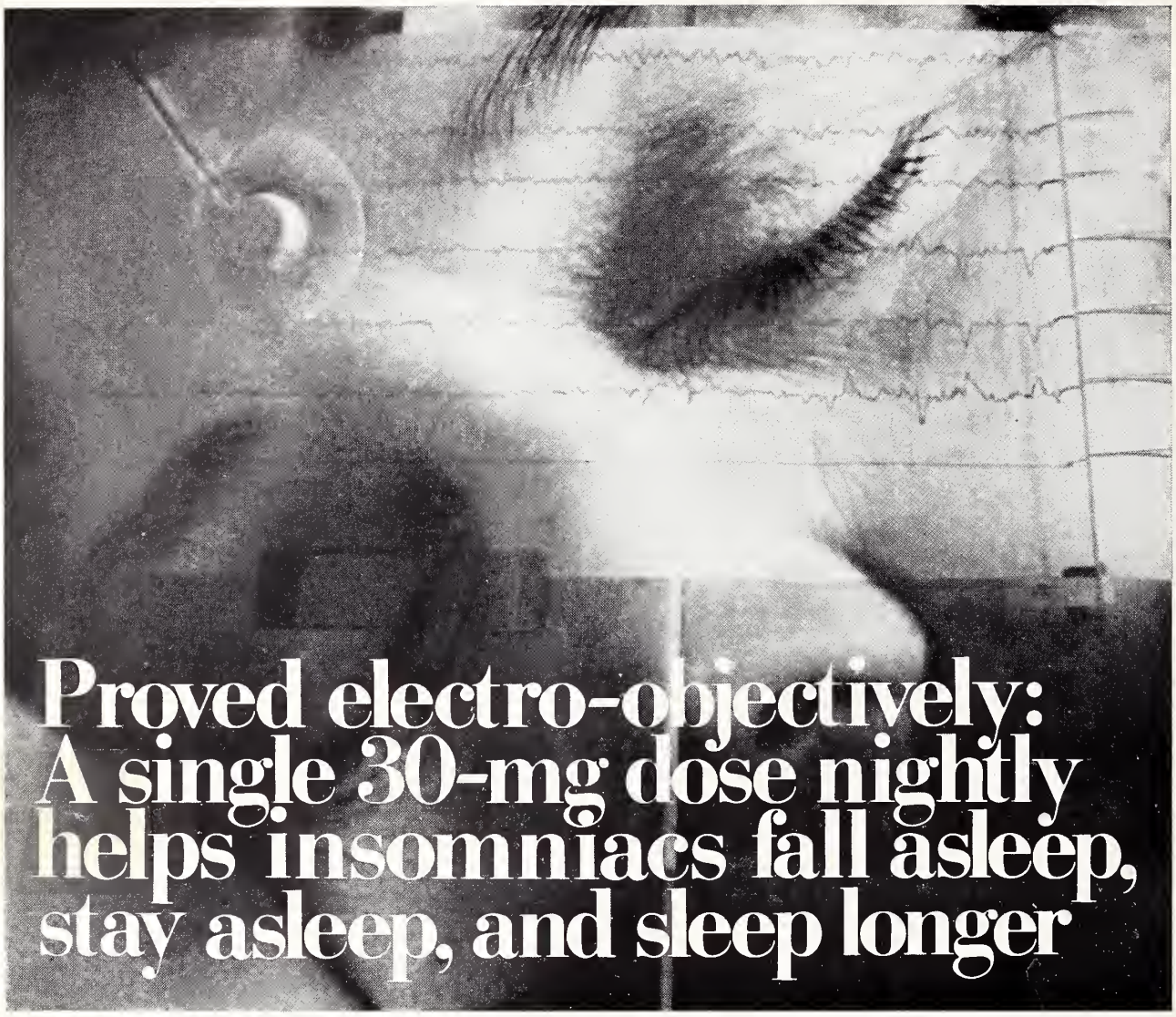

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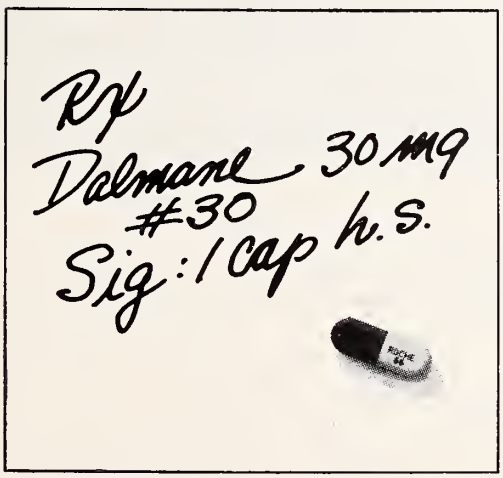

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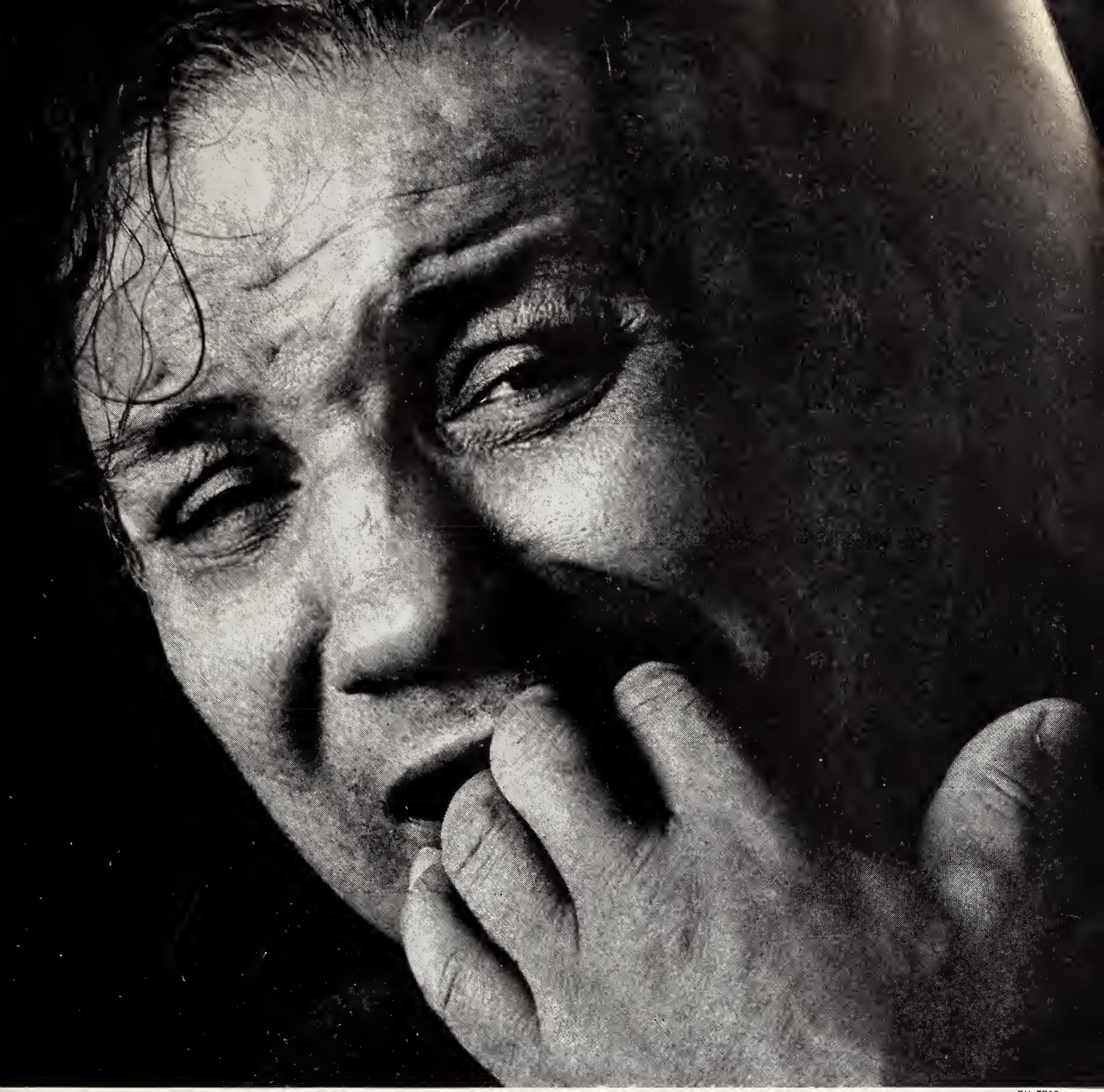

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3.	Daniel H. Cannon, New Albany	Charles X. McCalla, Paali	
4.	Robert O. Zink, Madison	Ott B. McAtee, Madison	May 17, 1972, Columbus
5.	Burton E. Scherb, Terre Haute	James W. Cristee, Terre Haute	
6.	John Moenning, Greenfield	James H. Tower, Jr., Shelbyville	May 3, 1972, Shelbyville
7.	Ellery T. Drake, Martinsville	Donald E. Stephens, Indianapolis	
8.	Franklin K. Beeler, Anderson	Edward R. Rush, Anderson	June 7, 1972
9.	R. Adrian Lanning, Noblesville	Paul M. Waitt, Noblesville	
10.	Lambro Dimitroff, Hammond	J. M. Siekierski, Griffith	
11.	Lloyd C. Hill, Peru	Fred Poehler, La Fontaine	Sept. 15, 1971, Peru
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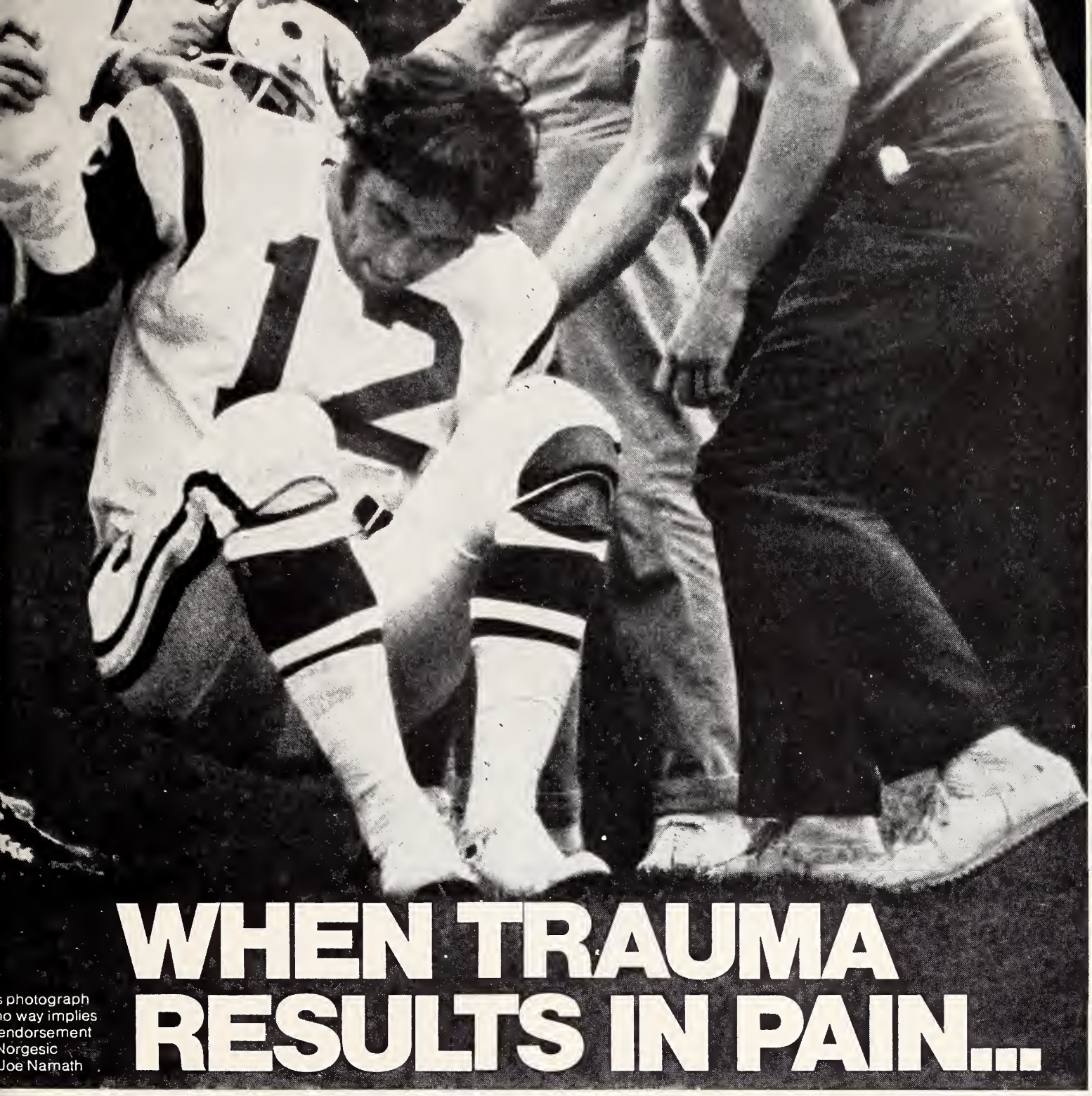

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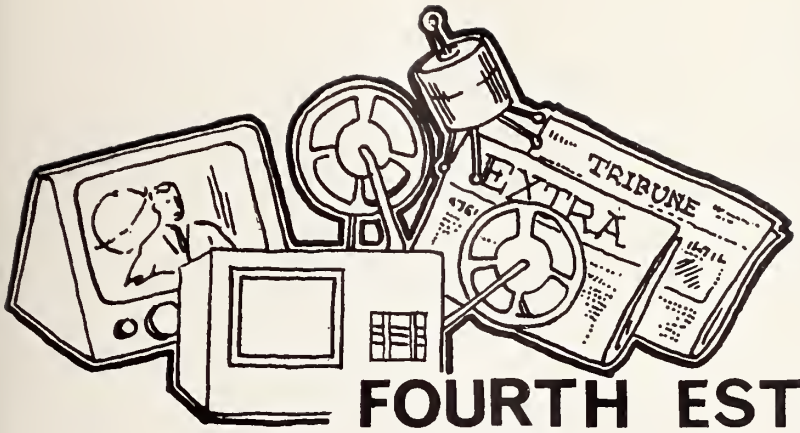

FOURTH ESTATE

This section of THE JOURNAL is devoted to the presentation of opinions which appear on the editorial pages of the public press, and which are of interest to the medical profession. Its function is to review comments which may be favorable or unfavorable to medicine. Members are invited to submit editorial clippings for this column.

Dr. Bowen Has Sacrificed Himself

Dr. Otis Bowen whose name has become so very well known as a state legislator in the past three sessions, would be an excellent candidate for Governor on the Republican ticket.

A medical doctor, no one will ever know, not even himself, how much he has sacrificed to serve in his capacity as legislator. In the capacity he has worked long and hard for property tax relief and this is still foremost in his mind. He is still hopeful of being able to effect property tax relief in his future role in state Government.

This man tries to practice his profession when he is at home on weekends and between sessions, we are told, but no one will ever be able to know or realize, maybe he won't himself, how much he has lost in dollars and cents to say nothing of loss of time which he might have spent with his family instead of serving the people of Indiana.

We have never heard anything direct from Dr. Bowen as to his plans for running for Governor of Indiana next year but we have read and heard his name mentioned in that connection. We heard him report on the work of the legislature at the meeting of the Indiana Republican Editorial Association in Indianapolis last Saturday and we know he is a man of great ability who seems to have his feet on the ground and can express himself well, thinks well, and is a man who definitely has the good of Hoosier citizens foremost in his mind and actions. We don't know of anyone at this moment that would make a better candidate for the office of Governor if Dr. Bowen still feels like he wants to continue to sacrifice himself for others. There are few like him in that respect who also have his ability. — *The Tell City News*, April 29, 1971. ◄

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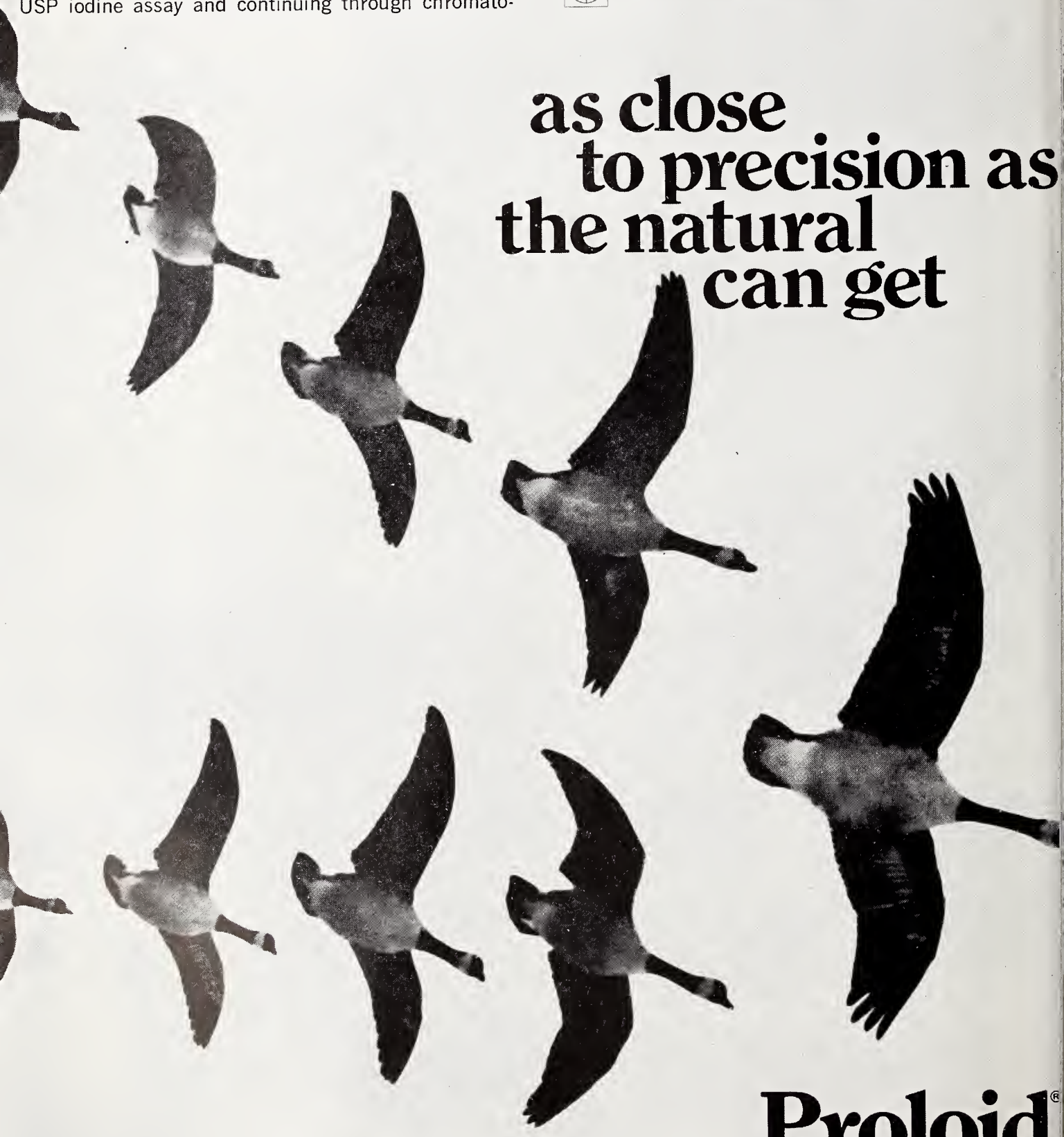

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In simple (nontoxic) goiter, Proloid (thyroglobulin) may be tried therapeutically, in nonemergency situations, in an attempt to reduce the size of such goiters.

Contraindication: Thyroid preparations are contraindicated in the presence of uncorrected adrenal insufficiency.

Warnings: Thyroglobulin should not be used in the presence of cardiovascular disease unless thyroid-replacement therapy is clearly indicated. If the latter exists, low doses should be instituted beginning at 0.5 to 1.0 grain (32 to 64 mg) and increased by the same amount in increments at two-week intervals. This demands careful clinical judgment.

Morphologic hypogonadism and nephroses should be ruled out before the drug is administered. If hypopituitarism is present, the adrenal deficiency must be corrected prior to starting the drug.

Myxedematous patients are very sensitive to thyroid, and dosage should be started at a very low level and increased gradually.

Precaution: As with all thyroid preparations this drug will alter results of thyroid function tests.

Adverse Reactions: Overdosage or too rapid increase in dosage may result in signs and symptoms of hyperthyroidism, such as menstrual irregularities, nervousness, cardiac arrhythmias, and angina pectoris.

Dosage and Administration: Optimal dosage is usually determined by the patient's clinical response. Confirmatory tests include BMR, T_3 ^{131}I resin sponge uptake, T_3 ^{131}I red cell uptake, Thyro Binding Index (TBI), and Achilles Tendon Reflex Test. Clinical experience has shown that a normal PBI (3.5-8 mcg/100 ml) will be obtained in patients made clinically euthyroid when the content of T_4 and T_3 is adequate. Dosage should be started in small amounts and increased gradually with increments at intervals of one to two weeks. Usual maintenance dose is 0.5 to 3.0 grains (32 to 190 mg) daily.

Instructions for Use: The following conversion table lists the approximate equivalents of other thyroid preparations to Proloid (thyroglobulin) when changing medication from desiccated thyroid, T_4 (sodium levothyroxine), T_3 (sodium liothyronine), or T_4/T_3 (liotrix).

Dose of Proloid (thyroglobulin)	Dose of desiccated thyroid	Dose of T_4 (sodium levothyroxine)	Dose of T_3 (sodium liothyronine)	Dose of liotrix (T_4/T_3)
1 grain	1 grain	0.1 mg	25 mcg	#1 (60 mcg/15 mcg)
2 grains	2 grains	0.2 mg	50 mcg	#2 (120 mcg/30 mcg)
3 grains	3 grains	0.3 mg	75 mcg	#3 (180 mcg/45 mcg)
4 grains	4 grains	0.4 mg	100 mcg	
5 grains	5 grains	0.5 mg	125 mcg	

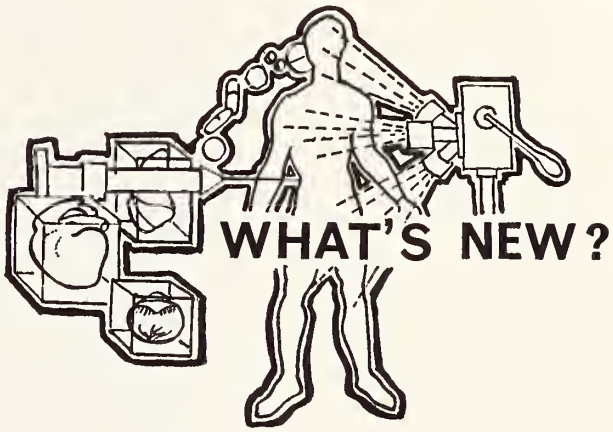
In changing from Thyroid USP to Proloid (thyroglobulin), substitute the equivalent dose of Proloid (thyroglobulin). Each patient may still require fine adjustment of dosage because the equivalents are only estimates.

Overdosage Symptoms: Headache, instability, nervousness, sweating, tachycardia, with unusual bowel motility. Angina pectoris or congestive heart failure may be induced or aggravated. Shock may develop. Massive overdosage may result in symptoms resembling thyroid storm. Chronic excessive dosage will produce the signs and symptoms of hyperthyroidism.

(Treatment: In shock, supportive measures should be utilized. Treatment of unrecognized adrenal insufficiency should be considered.)

How Supplied: ¼ grain; ½ grain; scored 1 grain; 1½ grain; 3 grain; and scored 5 grain tablets, in bottles of 100 & 1000; and scored 2 grain tablets in bottles of 100.

Warner-Chilcott, Morris Plains, N. J. 07950



Parke-Davis announces a new film-coated tablet designed to treat iron deficiency anemia as well as foliate deficiency. Tabron Filmseal is their first major film-coated tablet product. The film-coating method applies a nonaqueous solution of water-soluble polymeric materials to the tablets without affecting the sensitive vitamins inside.

* * *

Stryker has an improved model of the CircOlectric bed for immobilized patients. The new footboard is adjustable so that it fits regardless of height of the patient and is comfortable in either lying or sitting positions. A new adjustable crossbar brings the anterior frame snugly against the patient, whether thin or obese.

* * *

Ditto Industries has a small but powerful, portable table-top horizontal vise suitable for securing and clamping a variety of objects to facilitate drilling, welding, soldering or filing. Originally intended for use by hobbyists and industrial concerns it has been found to be popular with medical laboratories. Write Barry R. Ditto, 527 N. Alexandria Ave., Los Angeles 90004.

* * *

Mead Johnson announces a new sequential oral contraceptive—Oracon-28. Each package supplies 28 pills, one to be taken each day. The cycle starts with 16 white tablets of 0.1 mg ethinyl estradiol, followed by 6 pink tablets of 0.1 mg ethinyl estradiol and 25 mg dimethisterone, followed by 6 green inert tablets.

News of what is new in the medical supply industry is composed of abstracts from news releases by manufacturers—of pharmaceuticals, clinical laboratory supplies, instruments, and surgical appliances and book publishers. Each item is published as news and does not necessarily constitute an indorsement of a product or recommendation for its use by THE JOURNAL or by the Indiana State Medical Association.

Letters to the editor

To the Editor:

The Environmental Management Act was the first major environmental legislation proposed before the Indiana General Assembly. It was comparable to the federal legislation on the subject and to other similar bills approved by legislatures of neighboring states. William Ruckelshaus, director of the federal Environmental Protection Agency, came to Indiana to testify in support of the measure; and conservation and citizen groups and university people from around the state spoke from 7 p.m. until past midnight on March 8 at a joint meeting of the House and Senate Environmental Committees in strong support of the measure. The League of Women Voters, American Association of University Women and state Izaak Walton League were among those supportive. Although some improvements in the bill might have been made, as suggested by those at the hearings, the major thrust of the bill was in the public interest and contained excellent protective steps forward.

In fact, about the only opposition to the legislation came from the Indiana Chamber of Commerce and the Indiana Manufacturers Association representing the major polluters in the state, and the existing state agencies responsible for air and water pollution clean-up — the State Department of Health and Air and Stream Pollution Control Boards whose past performance has been most ineffective.

The appalling quality of the air and water in northwest Indiana and the pollution of every river system in the state continues unabated and anti-pollution laws are unenforced.

As a physician's wife and concerned citizen, I was indeed shocked to hear that the Indiana State Medical Association joined forces with the major polluters of the state to oppose the Environmental Management Act.

Physicians are presumed to be concerned with public health. The existing deteriorating quality of our air and water poses a clear and present danger to the health of all of us living in industrialized urban areas; the young and aged and the ill are particularly vulnerable. Sulfur oxide levels in our area are frequently above the danger limit. The position of the Indiana State Medical Association in opposing this legislation is indefensible, regressive and not in their own or the public's interest.

We hope their position on this legislation will be reconsidered. Although the bill died in committee, it will most certainly be reintroduced in the next session of the legislature and we hope to see a positive supportive position by your Association.

Sylvia Troy, President
Save the Dunes Council

★

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April 1971

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The Journal of the INDIANA STATE MEDICAL ASSOCIATION

Volume 64 — June 1971 — Number 6

Routine calcium determination by the diagnostic clinic discovers two cases of hypercalcemia per thousand patients. Half of these are found to be due to hyperparathyroidism. Some of these are asymptomatic or have atypical symptoms. Early diagnosis and successful surgical treatment are important because some of the systemic damage due to advanced hyperparathyroidism is not reversible by any means.

Hyperparathyroidism—Surgical Implications*

HAROLD D. CAYLOR, M.D.
PIERRE C. TALBERT, M.D.
DONALD W. MEIER, M.D.
Bluffton**

DURING the twelve years 1957 through 1969 we have surgically explored 52 patients for primary hyperparathyroidism. Our surgical experience with these patients is the material on which this presentation is based.

Literature

The parathyroid glands were first described by Sandstrom in 1880.[1] It was twenty years later in 1900 that Vassale and Generali[1] found the relationship of the parathyroids to tetany by ablation experiments. Mandl apparently carried out the first successful intentional parathyroidectomy during life. In 1929, Barr, Bulger, and Dixon performed the first successful parathyroidectomy for hypercalcemia in the United States, and these observers proposed the use of the term hyperparathyroidism. For a more complete review of the literature, we would suggest, as a source book, the monograph *Hyperparathyroidism* by B. Marden Black, published in 1953.

Diagnosis

Our own interest in this disorder was stimulated by the studies of Dr. Charles E. Jackson, formerly of our staff, when he found a family in our area in whom five of seven siblings had some type of hyperparathyroid disorder. As a result of this experience Drs. Jackson and Boonstra[2,3] began a screening program designed to detect asymptomatic hyperparathyroidism. In 1959 a study was initiated in which every patient coming to our general diagnostic clinic had a serum calcium determination. In 10 years serum calcium screening tests have been performed on approximately 50,000 individuals. By this screening process over 50 patients with hyperparathyroidism have been found.

* Supported in part by U.S. Public Health Service Grant AM 02901 to the Caylor-Nickel Research Foundation.

** Caylor-Nickel Clinic, Clinic Hospital, Bluffton.

From the results of routine calcium determinations we have found that one out of about every 1,000 patients going through our clinic has hyperparathyroidism. Approximately an equal number of patients were found with hypercalcemia due to other causes.

In our laboratory any patient with a serum calcium determination above 10.5 mgs % is suspect and intensively studied. Ninety-five percent of the serum calciums were in the 8.8 — 10.4 range. Phosphorus determinations are of value in differential diagnosis.

Malignancy, in general, was found to be the second most frequent cause of hypercalcemia. Serum phosphorus was usually not depressed in these patients. Certain tumors such as carcinoma of the lung and hypernephroid tumors of the kidney apparently cause hypercalcemia by producing a parathormone-like substance without osteolytic metastases. These are the most difficult problems in differential diagnosis in hypercalcemia.

When a patient is found to have hypercalcemia one must consider hyper-vitaminosis D. Large doses of Vitamin D (50,000 units or much less daily) can produce changes in the serum calcium and phosphorus indistinguishable from those caused by hyperparathyroidism. Careful questioning may be required of the family or medical advisor to elicit whether excessive amounts of Vitamin D have been ingested.

Prolonged excessive intake of milk and alkali may produce hypercalcemia — usually without lowering of the serum phosphorus and usually without hypercalcinuria.

It has been known for a long time that multiple myeloma may produce hypercalcemia. However, the serum phosphorus is usually not reduced. Ordinarily the roentgenographic changes in the bones are dissimilar in myeloma and osteitis fibrosa, but they are not always indistinguishable. One of us (Dr. H. D. C.)[4] in a publication in 1933, emphasized this similarity of these two disorders.

Boeck's sarcoid at times can cause hypercalcemia similar to that found in hyperparathyroidism, but usually hypophosphatemia is not associated. The osseous changes in sarcoid are usually limited to the hands and feet. Use of therapeutic response to steroids is helpful here in that the serum calcium generally goes down with sarcoid and generally is unaffected in hyperparathyroidism. If these differentiating factors are explored and none fits, then one is confronted with exploration of the neck for parathyroid adenoma or hyperplasia. We would like to emphasize the importance of repeated calcium determinations in a good laboratory.

Material

Fifty-two patients whom we have explored for hyperparathyroidism were for the most part found by this screening mechanism. All of these patients have been explored at least once for parathyroid disease and one patient has been operated three times, with an adenoma found each time which apparently was not there at previous sessions in the operating theater. Two patients were explored twice. Parathyroid adenomas were found and removed and the other three parathyroid glands identified in the first exploration. These two patients again developed hypercalcemia and on re-exploration other parathyroid adenomas not there at the previous operations were found and removed with recovery.

Sixteen of these 52 patients were males and 36 were females. This represents more than a 2:1 ratio of females over males, but not the 3:1 ratio usually seen. Seventeen of these patients were in the 50-59 year range and 12 were in the 60-69 year age bracket. Nine were in the fourth decade. The youngest patient was 22 years of age at the time of surgery and the oldest 79 years.

The most frequent chief complaint of patients suffering from hyperparathyroidism in our series was generalized muscular weakness and lassitude—in fact, 25 patients gave this as their chief complaint. Kidney and bladder stones were next in frequency. Thirteen patients, exactly one-fourth of the group, had urinary tract stones. Peptic ulcer symptoms were the major complaint of seven patients and pancreatitis was next in frequency.

How to Find the Parathyroid Glands

To attempt this type of surgery one must have an excellent surgical pathologist as a part of the team. The pathologist must have precise knowledge of the histology of the parathyroid apparatus and access to readable fresh frozen sections. The surgeon must depend on the judgment of the pathologist in making his decisions at the operating table.

This sometimes is truly a difficult problem for the surgeon. In only one of our 52 cases could we palpate the adenoma through the skin and in that case we mistook the nodule for a thyroid adenoma. This nodule incidentally weighed 26 grams and was the largest in the series.

In 1961 we began making cine-esophagrams in an attempt to obtain a clue as to on which side of the neck one would be most likely to find a parathyroid adenoma. We realized that thyroid nodules and/or lymph nodes could make indentations in the esophagus as well as adenomas of the parathyroid.

In the 52 patients in this series, 38 had cine-esophageal studies. In 12 cases the localization was either wrong or no localization could be made. These were considered to be failures. However, in 26 cases the localization was correct as to the side where the adenoma was located. Our earlier experience with this method was published[6] in 1967.

We have had meager experience with Toluidine Blue-O staining in vivo in an attempt to visualize the parathyroid glands.[5] To successfully obtain staining one must give intra-

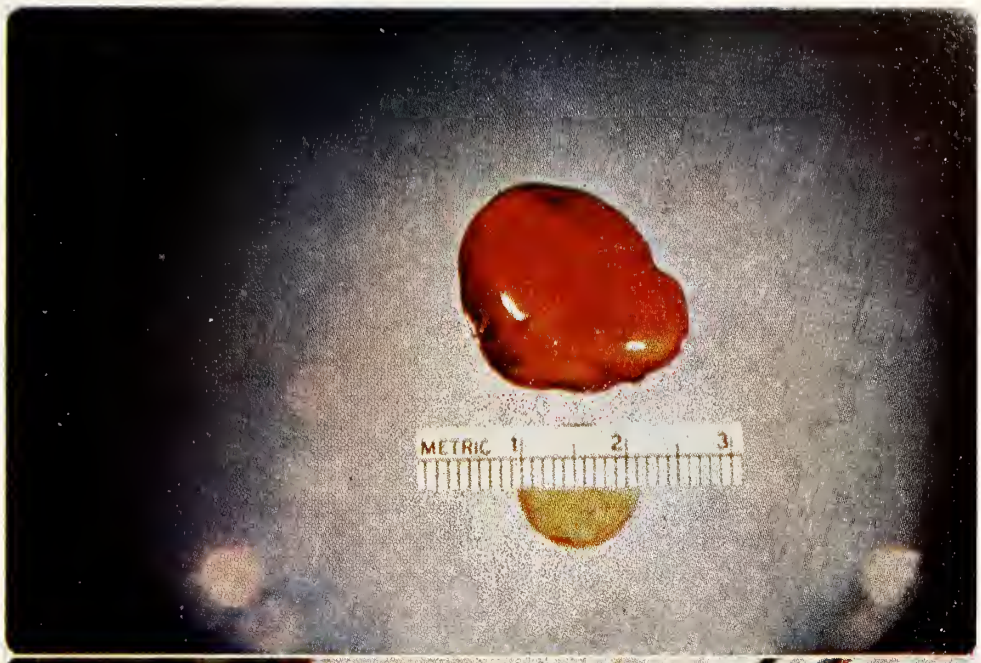

FIGURE 1
ADENOMA of parathyroid illustrating the reddish-brown color.

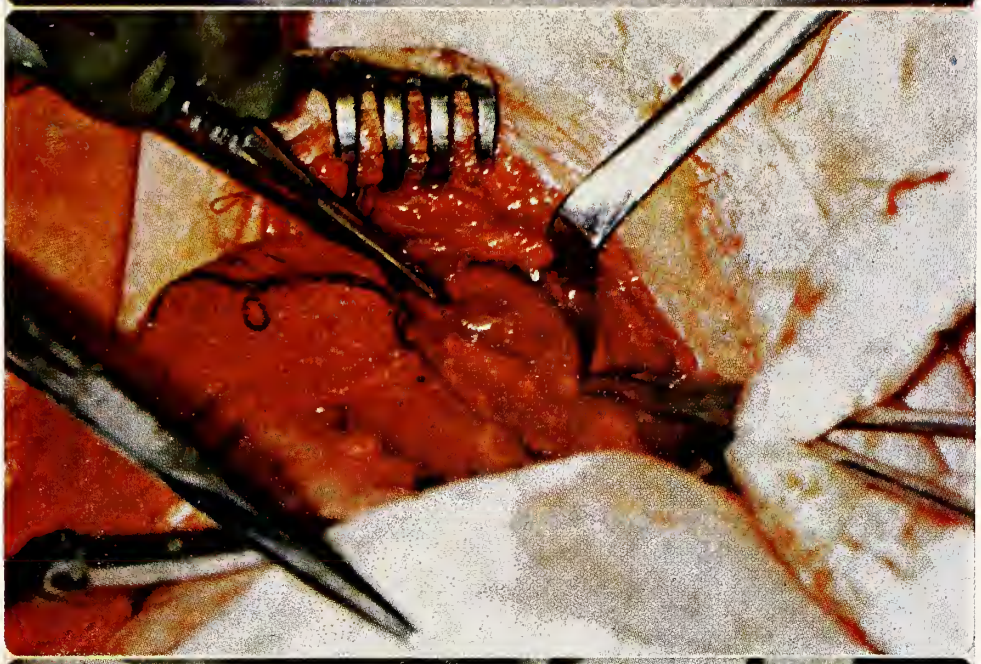

FIGURE 2
THE patient's head is toward the bottom of the picture. Parathyroid adenoma on posterior surface of the thyroid.

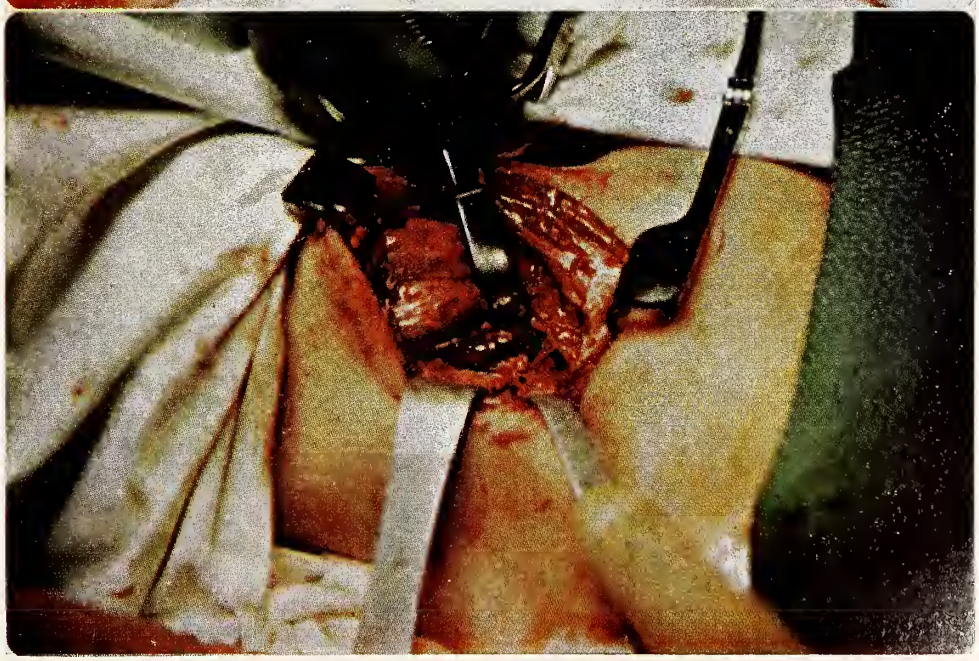

FIGURE 3
THE patient's head is to the left of the picture. Parathyroid adenoma posterior to thyroid along the carotid sheath.

venous injections of the dye in a dosage of 7.5 mgm per kilo in 1,000 cc Hartman's solution about two hours before the contemplated operation. During this time the patient's skin becomes a light violet color. In our experience the parathyroid glands had a blue-gray color.

Another method for visualization of the parathyroid glands is by angiography. With this method we have had no experience. In one published report of 14 cases the location of the parathyroid adenoma was correctly predicted in nine. In four the location could not be predicted and in one it was incorrect. Correct localization by angiography (64%) was no better than that obtained with cine-esophagrams (68%). Angiography is a more difficult procedure than a barium swallow for cine-esophagrams.

The technical surgical devices that we have found useful are ample incisions, and cutting the strap muscles so the thyroid gland can be rolled toward the midline for good visibility on its posterior surface. Generally we have had to cut and ligate the lateral thyroid veins to get mobility of the thyroid. On occasion we have had to open the carotid sheath to find an adenoma (Fig. 3). One may get a clue as to where the parathyroid adenoma is located by following the fine branches of the inferior thyroid artery, remembering that the adenoma may descend into the superior mediastinum dragging its blood supply like a long stem on a cherry. Such a situation is illustrated in Black's monograph.[1] We have found adenomas in the groove between the esophagus and trachea and twice (Fig. 2), after two hours of fruitless search, a small nodule just under the thyroid capsule (which we had previously thought was a thyroid adenoma) was dissected out and this proved to be a parathyroid adenoma completely surrounded by thyroid tissue. Sometimes the parathyroid may be completely surrounded by fat or have globules of fat in it. The operative field must be kept free of blood and if blood is spilled it must be washed out because the reddish-tan color (Fig. 1) of the parathyroid can easily be hidden in blood tinged tissue.

Usually on the first post-operative day after removal of an adenoma the serum calcium will drop to normal range and in a few days or weeks the serum phosphorus will be within normal limits. On the other hand, when a so-called hyperplasia of the parathyroid glands is found and the most hyperplastic glands removed, the fall of serum calcium is much slower and in some cases the serum calcium does not come within the normal range.

Dr. Jackson has emphasized and we agree with him that the surgeon must be convinced that an adenoma is there and that he (the surgeon) is duty bound to find it regardless of the time and effort involved. This accounts for our high percentage of successful operations.

Results

Post-operative serum calciums were within normal limits in 46 of the 52 patients. Follow-up was longer than six months in 34 of these patients, longer than one year in 28, and longer than three years in 17.

Serum calcium remained elevated post-operatively in three patients who were siblings with parathyroid hyperplasia. One patient with post-operative hypercalcemia is scheduled for re-exploration. In two patients the hypercalcemia has persisted for unknown reasons.

Summary

In summary, we would emphasize that hyperparathyroidism will be found depending in large part on the diligence with which we search for it.

When a parathyroid adenoma is present, search for and removal of the adenoma is curative.

The two crucial points are accurate laboratory and differential diagnosis followed by persistent surgical search for abnormal parathyroid tissue.

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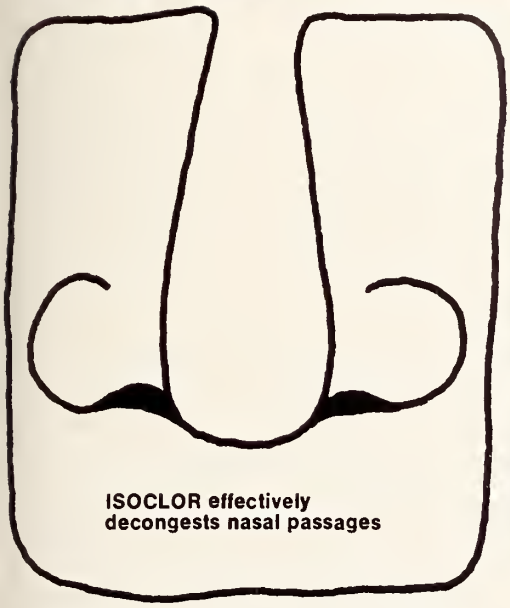

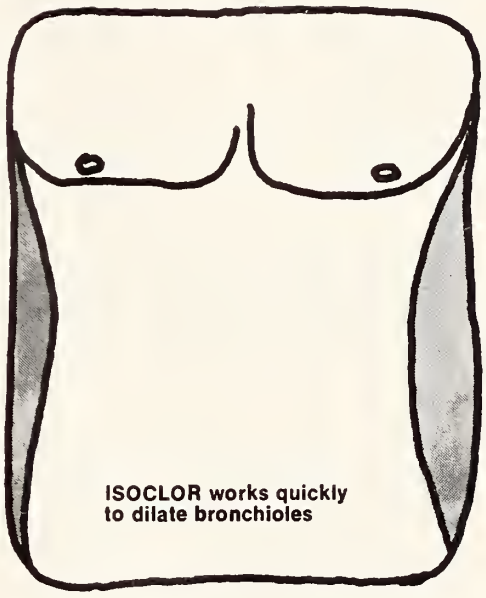

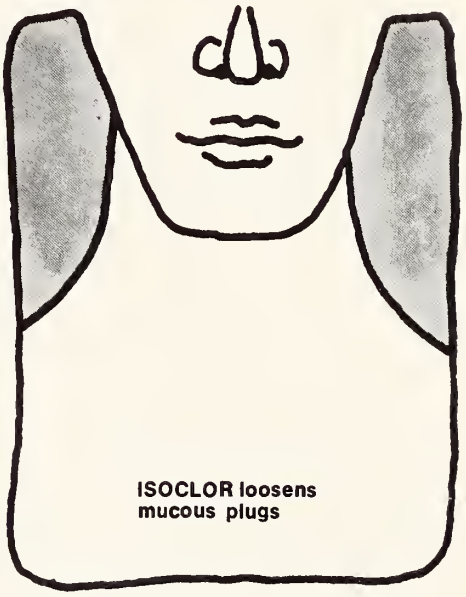

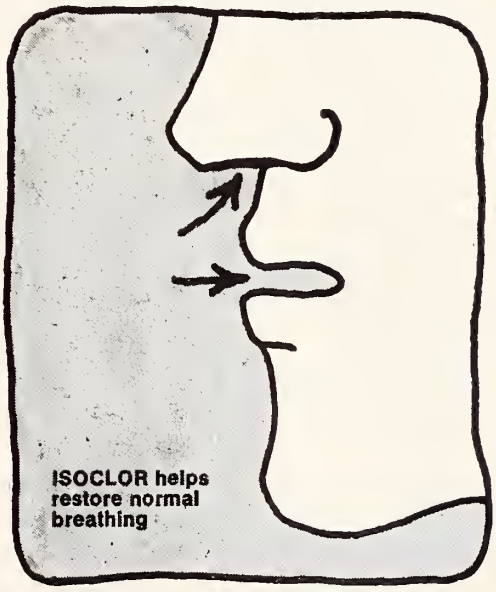

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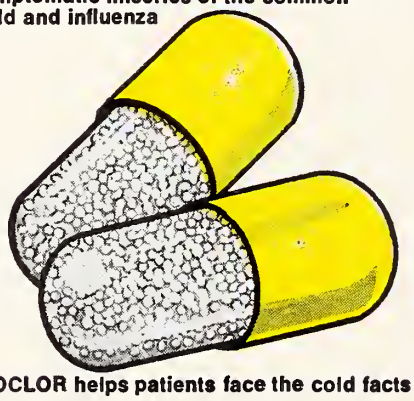

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Lead Poisoning

DESPITE the fact that lead poisoning has been recognized for over 2000 years there have been frequent intervals in which precautions have been relaxed and endemics have occurred. Due partially to this phenomenon and also to increased use of lead in industry we are now in one of the phases of widespread toxic effects.

The National Society for Medical Research recently reviewed the problem and estimated that cases of lead poisoning in Baltimore and New York City would be increased by five times by late summer this year.

Direct exposure of workers in industry was fairly common at one time. Today modern industrial preventive medicine controls this problem so well as to make workers' lead colic and lead anemia almost nonexistent. The use of automobile battery boxes as fuel was, at one time, a common source of lead poisoning for entire families. Fortunately this hazard is under control.

The use of leaded fuel for automobiles, at one time thought to be harmless, has, as a result of the great increase in cars and the unprecedented concentration of population, become a matter of concern. It is said that, in Los Angeles, it is possible to determine blood levels of lead as a means of determining approximately how far the individuals live from the freeway. Gasoline with little or no lead will be the automobile fuel of the future.

Although lead-based house paint has been replaced to a large extent, since 1940, by titanium dioxide paint, old houses are still contributing to excessive lead intake by children. A chip of paint the size of an adult's thumbnail may contain between 50 and 100 milligrams of lead. A few small chips a day will produce an intake 100 or more times the tolerable adult intake.

Moonshine, in addition to all the hazards which it provides, may also be contaminated with lead. The leaded solder joints of the still and the use of old lead-soldered automobile radiators as condensers frequently compound the product into a catastrophe. The fact that the symptoms of acute alcoholism and acute lead poisoning are quite similar adds to the difficulties of diagnosis.

Earthenware improperly glazed with lead has been a recurrent problem for centuries, discovered many times, forgotten, and rediscovered later. James Lind, in 1753, recommended lemon or lime juice as a preventive for scurvy and at the same time warned that the juice should not be stored in earthenware jugs.

Investigators at McGill University recently tested 117 commercial earthenware food and beverage containers and 147 samples made with 49 different commonly used glazes. Excessive amounts of lead were leached out of half the vessels. Acidic foods or beverage are most apt to dissolve the lead.

A good admonition in the past has been: "Get the lead out." Good advice this year is: "Don't get it in."

Guest Editorials

John Bamber Hickam

THE large numbers of readers of the *Archives of Internal Medicine* who did not know John Bamber Hickam personally may not fully appreciate why an entire issue of THE ARCHIVES has been designed as a scientific memorial to him. It is the intent of this note to share our appreciation of him as a friend and teacher so that the articles which have been collected in this symposium will be read with an interest in

the work of the man as well as of the discipline. There are also many readers of THE ARCHIVES whose professional careers in active practice may not have led them to be familiar with the details of academic medicine; for them, John's career is recounted at some length.

The first impression that John evoked when you met him in his office, on the wards, at scientific meetings, in his laboratory, or in his home was one of cheerfulness, warmth, and strength. His voice was gently pitched and there was a ring of mid-America in his conversation. A gracious and wise smile caught the eye. It felt reassuring to be around him, and that included the anxious medical students who had to overcome the expression of awe that all such students genetically bear for a departmental chairman.

He was born in Manila, Philippines, his father having been stationed there as one of his tours of duty in the US Army. John's father was a career officer and one of the pioneers in the establishment of an Air Force (Hickam Field in Hawaii was named in his honor). His family was moved about and there were periods in Texas, Kansas, Ohio, Virginia, and Washington, DC. At age 7, John was confined to bed for a year with a heart murmur, and then at age 11 he became ill with osteomyelitis. There were long periods of immobilization and prolonged hospitalizations for the next three years, and there was much time for reading, reflection, and an early intellectual sharpening which must have contributed to his acute appreciation of the meaning of illness and of disability as experienced by patients.

The scholarly route became his path. It led to Harvard where he distinguished himself both at the undergraduate college and in the medical school. Following graduation, he interned at the Peter Bent Brigham Hospital under Soma Weiss. When Weiss died suddenly of a subarachnoid hemorrhage in January 1942, the unit was deeply shaken and, in the months that followed, the staff began to disperse. In the summer of 1942, Eugene Stead, Jr., became chairman of the Department of Medicine at Emory University and John Hickam joined him as chief resident at Grady Hospital. There then followed some three years in the US Army and, when he was discharged, he rejoined Stead. In the next year he established his role in the cardiovascular research laboratory of that department and when Stead went to Duke, Hickam moved there too. He became one of the key figures in the Durham group which turned out to so successfully attract large numbers of able young men.

John's laboratory was one of the honeycombs that literally buzzed with happy activity. John's wit and easy humor were sure antidotes to the intense demands of the medical service. He had the good fortune to be as well read and as critical as any of the men of that department. At the same time he laughed broadly at his own foibles and faux pas. He would poke fun at himself and the tales of his struggle to survive the edicts and severities of departmental authority could transform desperation into resolve. His touch was always light and that, of course, made the daily chores seem less burdensome and very much worth the effort.

He was fine with patients. He took great care with the details of each complaint, and he knew well that not all clinical phenomena could be explained by known pathophysiologic mechanisms. He recognized that repeated history-taking sessions with any one patient might be necessary before all the pertinent information would be learned, and he was careful to appreciate that critical information was as likely to be obtained by the student as by the senior attending physician. He could quickly establish an atmosphere of intellectual freedom, and his rounds were marked by a comfortable exchange of ideas among everyone involved. His ability to translate experimental laboratory information into pertinent explanations of what was happening to the patient made him an unmatchable magnet for people interested in clinical research. He recruited well for his own laboratory and for his section.

In 1959 John moved to Indianapolis, where he assumed the chairmanship of the Department of Medicine. In some ways, this was a return to home for him since the Hickam family had roots in Indiana (his father's brothers were eminent in the legal profession in that state). At Indiana University he began to build his own department and to simultaneously help along the evolution of the entire medical center. He brought with him from Duke a number of key people, and then quickly attracted others from elsewhere. The department grew steadily and surely.

The 1960's were years of National Institutes of Health primacy. John's clinical and investigative expertise led to his participation as a study section member and chairman, and to a term on the National Heart Advisory Council. He also drew together the resources of his own unit so as to merit important training grant and program project awards, and the department and school flourished under the leadership that he gave to the recruitment of funds. The Krannert Cardiovascular Research laboratory, and then the Krannert wing of the University Hospital were both important developments that he catalyzed. By the close of John's tenth year at Indianapolis, the critical mass of good people had occurred, the space had opened up, and the excellence of his program had received national attention.

One important mark of a departmental chairman's success at his job is his ability to create the opportunity for other men to also merit such appointments. John was already being recognized as a maker of chairmen:

William Deiss went to Galveston, Tex, and Stuart Bondurant to Albany, NY. (Following John's death, Joseph Ross became chairman at the University of South Carolina, and Walter Daly was chosen to succeed John at Indiana.) These appointments meant that his recommendation stood for a quality appraisal—and wise men around the country sought that appraisal often. Thus, he served on many advisory committees and councils, and on the board of visitors for both Harvard Medical School and for Duke University Medical School. He played a role in the National Board Examination committees and for the American Board of Internal Medicine, and was serving as Secretary of the Association of American Physicians. His counsel had also been sought by Mr. and Mrs. Sam L. Regenstreif, two Indiana people who wished to use their resources to make some significant changes in the health field.

The Regenstreifs talked at length with John, and he helped them to establish their foundation. He brought together a panel of advisors that could contribute to determining the most productive use of the Foundation's funds, and out of those discussions came the Regenstreif Institute for Health Care. John had hoped that that Institute would sponsor frontier experiments in new ways to deliver health care. He fully realized the limitations of present arrangements of health care delivery; he was anxious to see the same types of rigorous studies performed in health care as had been developed in biomedical laboratories of medical schools throughout the country. And he was hopeful that Indiana would provide the leadership in this important field.

And, then, as if the fates were at hand, his tragic death occurred last year from a massive subarachnoid hemorrhage, not unlike that of his first admiring chief, Soma Weiss. We, his friends and students, have grieved deeply. He left behind as family not only his wife, Mary, his daughter, Helen, and his son, Tom, but all of us who had shared work and play with him. He had managed to fuse so well that special mixture of scholarly competence and a happy joy for living that an air of confidence and delight moved about him, and that attracted people to him. He deserves a memorial which gathers into a single volume his most distinguished scientific contributions and the derivative work of his students. This issue of THE ARCHIVES is so dedicated to John with love.—**Morton D. Bogdonoff, M.D., *Archives of Internal Medicine*, April 1971.**

The Teacher Is Taught

THIS being the annual KUMC issue, it seems fitting to propose a thought on the training of physicians which will be considered rank heresy in some quarters. Our proposition is that newly hatched physicians put in a certain amount of time in some teaching capacity before embarking on their careers. This can be accomplished in any one of a number of areas and obviously runs counter to the frequently suggested idea that every physician be required to put in a certain amount of time in general practice before entering a specialty program. In view of the general pressure being applied to get more people trained and out into practice quickly, neither idea is apt to be broadly adopted so we are safe in beating the drum for ours. There is nothing so satisfying as a cause which can be extolled without danger of being put to the test.

Exposure to general practice before specialization is usually suggested as a means of guaranteeing that the physician will ever after have a broad, compassionate and balanced view of the patient instead of the constricted, isolated, one-organ view usually attributed to the specialist. The fallacy in this concept, we suggest, is that the perspective is in the physician, not the practice. If he doesn't have the "whole patient" attitude by the time he finishes medical school, he isn't apt to get it in a brief and coerced term of service in general medicine.

The same plan has been suggested as a means of getting more physicians out to needy areas more quickly, though just how this is going to have any lasting effect without drawing this group of trainees away from the patients they would otherwise have been serving is not clear. Of course, the hope is that some would become so enamored of the back-breaking, nerve-shredding life in general practice, they would choose to stay on, but this is contrary to experience. Again, it is in the physician, not the practice.

But what's this crackpot idea about teaching? Simply the fact, as anyone with any teaching experience knows, that the intellectual gymnastics required to project one's knowledge to another in intelligible form cannot fail to educate the teacher. There is a perspective to be developed here which may be less tangible but just as beneficial to a patient at some future time as the more pragmatic approach noted above. The greater insights a physician can gain by such experience, not only about his subject but about himself, will be rendered in highly practical terms in everything he does thereafter. This is not a plea for more academicians. It is recognition that the pressures of practice have an erosive effect on the academic base a physician must maintain if he is to continue to develop professionally.

It is easy to forget, under this pressure, that each patient is, in fact, a pupil, and his care is basically a matter of teaching. The patient who complains that his physician doesn't tell him anything or that he

can't understand what he was told is saying that he wasn't *taught*. The physician who cannot teach his patient something of what is wrong with him, what he must do to recover from it, and how to avoid its return is failing his obligation as much as if he didn't know. We grant that this involves attitudes and capabilities that vary from person to person, and many do not require a specified course or term of service to acquire this ability. But what is it that is accomplished within the first years of a physician's independent service? He is applying on his own and alone the knowledge that was passed on to him. The realities of practice are a tempering process by which some become so rigid, they cannot bend without cracking while others develop a resilient strength which withstands the physical, emotional and intellectual stress. The difference is in the alloys, and one of the prime ingredients in this mixture is the physician's recognition of his teaching obligation.

The physician's role as a teacher does not stop at the office door. It is apparent that the next few years will bring extension and formalization of the training of ancillary personnel. Parenthetically, and in recognition of what physicians have always done in the teaching area, it should be noted that this idea of paramedical assistants has been in use since the profession began. The difference today is that the whole scene is so expanded and complex that we have to divide up the services and give people titles so we can tell who is doing what. As preceptorships increase and affiliation programs are established, the reality of teaching will be brought closer to each individual physician. He need not fear the trends in medical practice or his own role in their development if he does not abdicate his responsibility in this field. How better can he make his influence felt and promote the principles he feels just?

So, even though we expect our brainchild to die aborning, it does at least offer the opportunity to remind ourselves that we come from teachers, we come as teachers, and hopefully we shall send others on as teachers. **—David E. Gray, M.D., *The Journal of the Kansas Medical Society*, March 1971. Reprinted with permission.**

Editorial Notes . . .

The socializers in this country make it sound as though Americans are dying at younger and younger ages while the socialized medicine countries are doing the opposite. Metropolitan Life statistics show that expectation of life at age 65 for women in this country is exceeded by that in only one nation—Canada, and that by only six months. The women here have longer expectation than those of England, Denmark, Norway, Sweden, the Netherlands, Australia and New Zealand. Men in the United States have shorter expectation than women anywhere and also a little shorter than men in Canada, the Scandanavian countries and the Netherlands, but not much shorter. Men here do better than they do in Australia, New Zealand and England. Longevity of males in Denmark and Norway is considerably lower now as compared with ten years ago.

A new strain of the brucella organism, Brucella Canis, has been discovered in dogs. It has been recognized for the past five to six years. Male dogs have painful testes, fever, and loss of appetite. Female dogs have fever and loss of appetite and abort very easily.

The VA has inaugurated a new service with "physicians' assistants." Six have been hired to start the program. The "assistants" will aid physicians by performing such tasks as taking medical histories, performing examinations, applying and removing casts and suturing minor lacerations, all under supervision. The pay level is GS-7 ($8098 annually), and each candidate for the job must have had a specialized 12-month training.

The Consumer Glass Safety Committee has praised the AMA for urging state medical societies to promote safety glazing legislation and assist in developing educational programs on safety glazing. The Committee advocates the use of tempered glass, which crumbles but does not shatter, for use in glass entrances, storm doors, sliding doors, tub and shower enclosures, and in fixed glazed panels which might be mistaken for doors. Indiana is one of twelve states where safety glazing requirements are specified by law. ◀

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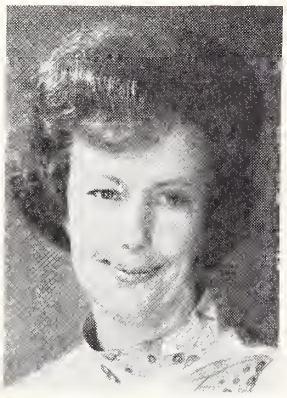
The Woman's Auxiliary

REPORTS TO ISMA

The 27th Annual House of Delegates of the Woman's Auxiliary to the Indiana State Medical Association met April 12-13 at the Executive Inn, Evansville. The theme of the entire meeting was "Heavensville."

Preceding the official opening of the meeting we had an "Up, Up, and Away" dinner to honor the past presidents. The North High School singing group, under the direction of Mr. Hoover, presented a delightful program.



On Wednesday morning the meeting was officially opened with the presentation of annual reports of activities by the officers and county chairmen. At noon we were taken to the Museum of Arts and Sciences. After a short talk by our guest speaker, Mrs. Chester Young (north central regional vice president), we enjoyed an antique dress style show and were taken on a tour of the museum.

I would like to take this opportunity to thank Dr. C. C. Young, Jr., and Dr. Ray Burnikel for the lovely orchids they provided for the VIPs from their greenhouses for each party. All the recipients thank you doctors for your thoughtfulness and for the lovely flowers.

On Wednesday evening busses took us to Rolling Hills Country Club for a cocktail party and banquet. The cocktail party was courtesy of Mead-Johnson Pharmaceutical Company. The "Singing Doctors of Evansville" provided us with an enjoyable evening of entertainment.

At the Memorial breakfast on Thursday morning we honored the 26 ladies who passed away during this past year.

The Central Area County Presidents presented their reports when the business session reconvened at 9:00. These were followed by election of officers and of a new nominating committee. Mrs. William Ellis, chairman of House of Delegates for 1972, extended an invitation for all to attend the House of Delegates April 26-27 at the Marott Hotel in Indianapolis.

At the installation luncheon, 'Stairway to the Stars' we were honored to have with us Dr. and Mrs. Malcolm Scamahorn. Other special guests were the national central area vice-president, presidents and presidents-elect from Ohio, Michigan and Wisconsin.

Mrs. Thomas Johnson of Marion County installed the new officers: Mrs. Stanley Chernish, president; Mrs. Philip Smith, president-elect; Mrs. Otis Bowen, 1st vice-president; Mrs. David Goldsmith, northern area vice-president; Mrs. Willis Stogsdill, central area vice-president; Mrs. Edsel Reed, southern area vice president; Mrs. Herbert Schiller, recording secretary; and Mrs. Peter Classen, treasurer.

Special thanks to the convention chairman, Mrs. Robert Harris; her assistant, Mrs. Charles Hockmeister; and to their committee for a very well organized and executed convention. Also special thanks to Marion County for their work and for all the beautiful flowers and gifts which made the installation luncheon so memorable.

Mrs. Paul Clouse will be going to the AMA meeting in Atlantic City to give the report of Indiana's accomplishments during the past year. We can all be proud of Doris and all the hard working doctors' wives who have helped make this an outstanding year.

Lelia M. Chernish

Campbell's Soups... wide variety...for limited appetites

Many people lose interest in food as they grow older. Some of them are fussy eaters—with only a few favorite foods. Others become indifferent to foods—because planning and preparing meals becomes a chore. Here Campbell's Soups can help —for these four very good reasons:

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Convenience Within 4 minutes a bowl of delicious soup is heated and ready to eat.

Economy Campbell's Soups are inexpensive—an important consideration to those whose budgets are limited.

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Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

Contraindications: Evidence of or a history of blood dyscrasia, active organic disease of the central nervous system and the first trimester of pregnancy.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. There is no accepted proof that Flagyl is effective against other organisms and it should not be used in the treatment of other conditions. Exacerbation of moniliasis may occur.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia,* exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, drowsiness, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, vaginal burning, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified.

Dosage and Administration: *In the Female.* One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male.* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

Dosage Forms: Oral tablets . . . 250 mg.
Vaginal inserts . . 500 mg.

*References available on request.

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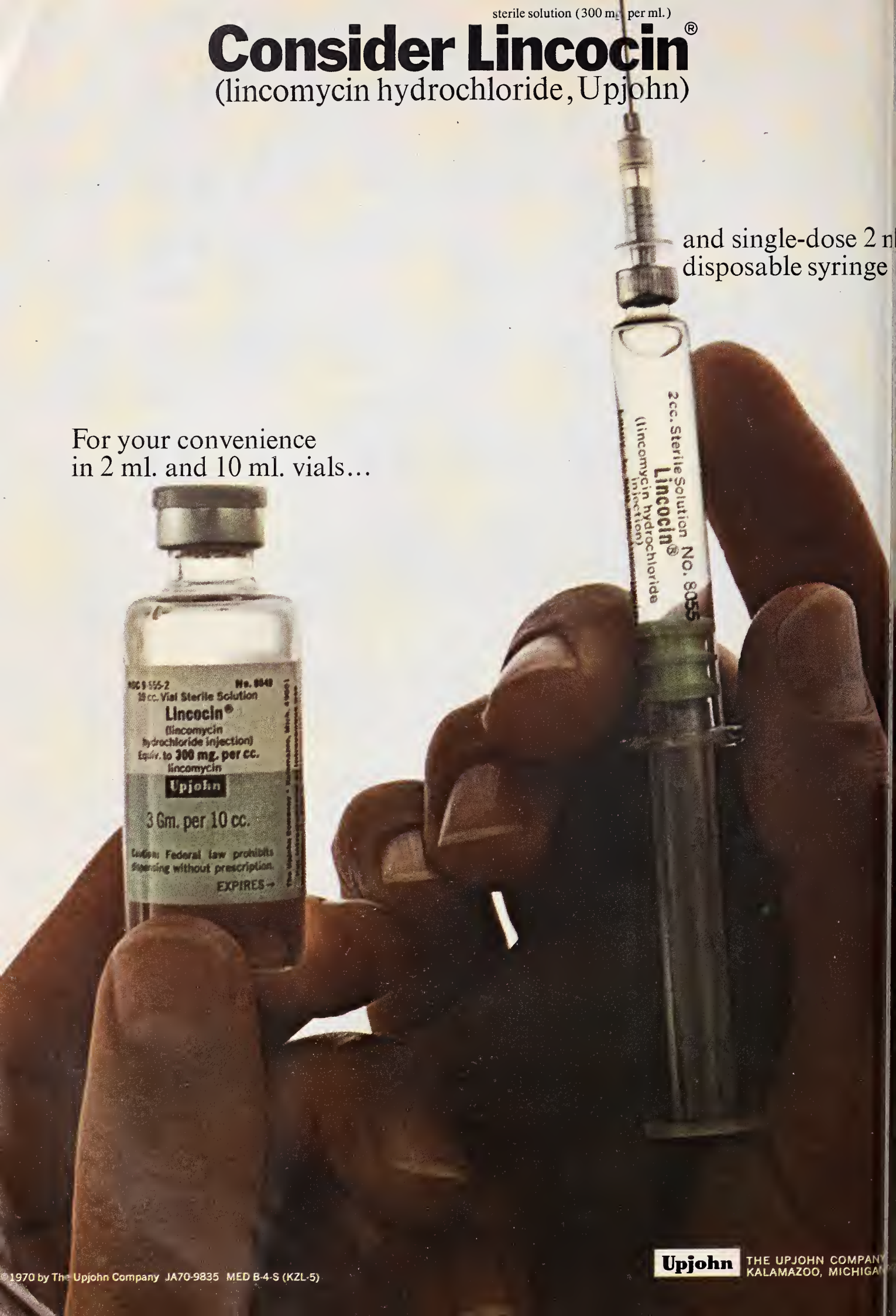

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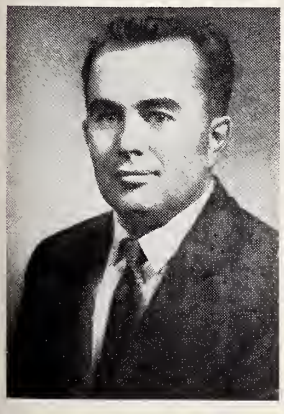
Because physicians need to be familiar with the new Federal narcotics and dangerous drugs laws, this article was prepared for The Journal *by the executive director of the Indiana Pharmaceutical Association.*

The New Federal Narcotic and Dangerous Drug Law

DAVID A. CLARK, R.Ph.
Indianapolis

ALL physicians and other prescribers of drugs must be registered with the Bureau of Narcotics and Dangerous Drugs (BNDD) and have a BNDD registry number to administer or prescribe narcotic or other controlled substances. All of the old Federal Laws previously controlling narcotics and the DACA drugs have been repealed and are replaced by the Controlled Substances Act of 1970 (CSA). The BNDD registry number will replace the old Federal Narcotic Registry Number. This new law will affect every prescriber and pharmacist in the country.



I will attempt in this brief outline to cover only those items that will affect the physicians and pharmacists in the everyday practice of their professions. Physicians wishing to have specific questions answered may contact the Regional BNDD Office. That address is: Bureau of Narcotics and Dangerous Drugs, Engineering Building, Suite 1700, 205 West Wacker Drive, Chicago 60606. Telephone number: 1-312-353-1234 (Hot line for questions).

Let me preface my remarks with a statement of concern that *once more*, when a problem involving the misuse of drugs develops, the rules and regulations are imposed on the legitimate prescribers and dispensers of medicine as if this grandiose wave of the Federal wand will have any effect whatever on the illegal and criminal use of drugs.

Our task now, with the passage of this law, is not to debate the relative merits of the law, but simply to abide by it and continue to conduct ourselves as health professionals.

The following is a brief outline of the "Schedules" under this new law:

SCHEDULE I:

Schedule I contains substances with a high potential for abuse that have no currently accepted medical use. (marijuana, LSD, STP, peyote, etc.)

SCHEDULE II:

Schedule II contains the former "Class A" narcotics and injectable methamphetamine.

SCHEDULE III:

Schedule III consists of the former "Class B" Narcotics and the majority of the DACA drugs. (DACA drugs — amphetamines, barbiturates, glutethimide, etc.)

SCHEDULE IV:

Schedule IV contains drugs classified before as DACA drugs which have a lower abuse potential than those in Schedule III. (Phenobarbital, chloral hydrate, meprobamate, etc.)

SCHEDULE V:

Schedule V consists of the former "Class X" products — both prescription and over-the-counter items.

New Registration Required

During the month of April 1971, all physicians who previously were authorized to administer and prescribe narcotics and controlled drugs (former DACA drugs, amphetamines, barbiturates, etc.) were mailed a provisional registration form which contained the practitioner's BNDD registration number. This new BNDD registration number must be used on all prescription orders for *controlled drugs* as of May 1, 1971. Due to the backlog of mail concerning the registration of practitioners, BNDD has allowed physicians to write orders and prescriptions for controlled drugs if they do not have a new BNDD registration number. They may do so by applying to BNDD for a registration number and then using the date on which they applied wherever the BNDD registry number would be required (prescription blanks,

order forms, etc.). This special grace period will continue until July 29, 1971. However, if a physician has his new BNDD registry number he must use it now. (If you have not received a provisional registration form, you may contact the Regional BNDD Office, Chicago, at the address given above.) It is very important that each registrant read the instruction on his own application since these forms may vary because of staggered registration dates. Each time he fills a prescription for a controlled drug the pharmacist *must* have the prescriber's BNDD registration number *or* the date the prescriber made application to BNDD.

Record Keeping Requirements

As of May 1, 1971, all registrants (physicians, dentists, pharmacists, etc.) must take an inventory of all controlled drugs in their possession. An actual pill or capsule count is necessary for Schedule II drugs. An accurate estimation of Schedules III, IV and V drugs is allowed providing the container is 1,000-count or less. This inventory requirement is necessary also for any samples of controlled drugs. These records must be kept for two years.

A registered individual practitioner (physician) is required to keep records with respect to non-narcotic controlled substances listed in Schedules II through V which he dispenses in any manner if he regularly charges his patients, either separately or together, with charges for other professional services, for such substances as are dispensed.

A registered individual practitioner is not required to keep records with respect to *narcotic* controlled substances listed in Schedules II through V which he *prescribes* or *administers* in the lawful course of his professional practice; he *shall* keep records, however, with respect to such substances as he dispenses other than by prescribing or administering.

Invoices for controlled substances in Schedule II must be kept separate, and invoices for all other controlled substances must be distinguishable from non-controlled medications by red-lining or using an asterisk on the invoice.

The drug detail men undoubtedly will be advising you of their new sampling procedures for controlled drug items.

Security Storage Requirements

All controlled drugs (narcotics and non-narcotics) must be stored in a "securely locked, substantially constructed cabinet."

Order Forms

Order forms provided at no cost by BNDD are required to procure any controlled substance in Schedule II. The old narcotic order form may be used, if desired, until April 30, 1972, but you must use your new BNDD registration number on this form. Controlled substances, other than Schedule II, do not require an order form. Pharmacies may supply controlled drugs to individual practitioners *ONLY* if the pharmacy is registered as a *distributor* as well as a *pharmacy*.

Prescriptions

All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and bear (1) the full name and address of the patient, (2) the name and address, and (3) the BNDD registration number of the practitioner. The practitioner may sign a prescription in the same manner as he would sign a check or legal document. Where an oral order is *not* permitted, prescriptions shall be written with ink or indelible pencil or typewriter and shall be manually signed by the practitioner. The prescriptions may be prepared by a secretary or an agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form prescribed by these regulations.

In the case of Schedule II drugs (former Class A narcotics), a *written prescription* is required. However, under certain *emergency conditions,* Schedule II substances may be dispensed pursuant to an oral prescription. An *"emergency situation"* is one in which the prescriber determines:

1. That immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user; and
2. That no appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under Schedule II of the Act, and
3. That it is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance, prior to the dispensing.

In such an emergency situation, the pharmacist may dispense a Schedule II controlled substance on an oral prescription *provided* that:

1. If the prescribing physician is not known to the pharmacist, he MUST make a reasonable effort to determine the legitimacy of the authorization, such as a check in the telephone book to verify the prescriber's telephone number, call back, etc.;
2. The oral prescription MUST immediately be reduced to writing, containing all the information normally contained in a written prescription, absent the physician's signature;
3. The quantity MUST be limited to the amount required to treat the patient *during the emergency period only.*

The prescriber must furnish the pharmacy with a written authorization for the emergency dispensing, which must be attached to the written

notation previously made by the pharmacist and filed in the Schedule II prescription file. The written authorization for the emergency dispensing must be dated as of the date actually telephoned to the pharmacy, and it must have "authorization for emergency dispensing" written across the face of the prescription.

Burden on Prescriber

The burden of supplying the signed prescription is on the prescriber and he, not the dispenser, will be penalized if this requirement is not satisfied. However, the pharmacy must inform BNDD if the prescriber fails to deliver the signed authorization within a 72 hour period as required by law. The pharmacy's failure to do so voids the original authorization, and makes the emergency dispensing unlawful. The prescriber must originate the written copy of the emergency prescription in order that the 72-hour time period be met. In Indiana, there is a form to be used by the pharmacist if the written copy does not reach the pharmacy within 72 hours, since this is now law. This oral provision is intended for true emergencies only.

New warning labels must now be placed on all controlled drug containers. The dispenser's warning is: "Caution: Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

Prescription Refilling

Prescriptions for Schedule II drugs *may not be refilled;* they require a new written prescription each time.

Prescriptions for Schedules III and IV drugs may be refilled, if specified by the prescriber, not more than five times within a six-month period. After the six-month period, a new prescription must be issued.

Indiana Laws

In Indiana we must also abide by a state law which prohibits the refilling of all the old "Class A and Class B" narcotic drugs regardless of the Federal Law. Narcotic prescriptions may not be refilled in Indiana. (This does not, however, apply to exempt cough preparations, etc.)

Undoubtedly these new laws and regulations will take a period of adjustment for physicians and pharmacists alike. I have prepared this brief outline of the Controlled Substances Act of 1970 as a pharmacist and not as an attorney; however both the Indiana and American Pharmaceutical Associations have spent months in preparation for the accumulation and dissemination of this information to their members.

The Indiana Pharmaceutical Association stands ready to assist individual practitioners, county medical societies and the Indiana State Medical Association in any way to bring about a smooth transition from the old narcotic laws to the new. As a pharmacist to a physician, good luck. ◀

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From the President's Desk

With the month of June rolling around, I feel I may push back from the desk and breathe a little now. During my term as president-elect and as president I have attended a meeting of each district of our state association. I have also sincerely tried to represent Indiana at various regional and national meetings which have included such subjects as social economics, peer review, health maintenance organizations, manpower, congresses of commissions on manpower, delivery of health care and medical education. I have enjoyed representing you, the members, and I hope that I can give you some of this vital information I have acquired to guide our association in its deliberations.

The AMA has currently either supported or introduced in the Congress of the United States bills involving manpower, education, mental health, pollution, public health education, facilities modernization, research and, of course, the financing of health care. This last concern has been finalized in a health insurance proposal as H.R.4960 and S.987 with more than 150 co-sponsors.

The other main bills of the 12 pertaining to health are the administration proposal (the so-called "Nixon bill") and the Kennedy bill.

At the meeting on health insurance the Council on Health Care and Legislation set forth 12 principles which I would like to outline for you. It is in this framework that I think the AMA policy has been developed. They are:

1. The program should be voluntary, rather than compulsory.
2. The plan should be implemented through the use of voluntary insurance on an underwriting basis.
3. An appropriate choice of the method of health care delivery should be offered.
4. Federal funds should come from general revenue rather than payroll tax.
5. There must be a separation of the medical and institutional charges in the financing of health care.
6. The benefits should be comprehensive and adequate in description and availability.
7. The program should be explicit so as to avoid congressional or bureaucratic changes made by regulations.
8. At the local level and only at a local level shall there be cost and review mechanisms.
9. State licensure and certification must be maintained.
10. Any corporation providing medical service must conform to professional ethics—that is, must be doctor-controlled.
11. There must be provision for cost sharing by the recipient—that is, token payments—when the recipient is capable.
12. Government subsidy or sustenance should only be related to the individual's ability to pay.

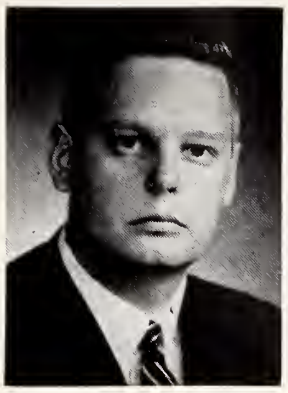
I have the impression that the AMA will not put on a public relations blitz at this time for medicredit or any health care proposal.

Our people in Washington are of the opinion that the health insurance proposal will drag on until next year (election year), when it probably will become a political issue.

I hope this information has been helpful to you and I want you to know that it has been a pleasure to visit with so many of you during my travels in the months of April, May and June.

M. O. Scamahorn, MD

TAX TIPS



by LAWRENCE A. JEGEN, III

Mr. Jegen is a professor of law at Indiana University Indianapolis Law School, specializing in taxation, business associations and estate planning. Professor Jegen urges the reader to consult the reader's attorney before applying the data in this article to a particular fact situation.

THE 1971 Indiana General Assembly made very few changes in the tax laws that will provide immediate tax relief to a significant portion of Indiana taxpayers. Below are the changes that affect real estate taxes.

The first change concerning property taxes is that the next statewide reassessment of real estate taxes is to begin on January 1, 1975. Thereafter, the reassessment will be done every six years.

The second change concerning property taxes is that any individual who is age 65 or over is still entitled to a real estate tax exemption of $1,000 per year for his residential real estate but raises the limits of the assessed valuation to not more than $6,500 (same total amount for a husband and wife holding property as tenants by the entireties) and raises the annual gross income that such person may earn, without losing the exemption, to $6,000 (including his spouse's gross income) and provides that absence from the county in which he maintains his residential real estate while in a nursing home or hospital will not prevent the person from being entitled to the exemption.

The third change concerning property taxes is that any individual who is age 65 or over may file his real estate tax exemption in person or by mail.

The fourth change concerning property taxes is that any taxpayer who has a petition pending for review to any board or an appeal to any court regarding an assessment or increase in assessment of the taxpayer's property need not pay the tax until after the petition or appeal is finally determined. In certain cases the taxpayer might have to pay some tax, but not more than the amount due on his personal property tax return nor more than the amount of the prior year's assessment in the case of real estate taxes.

The Colorado General Assembly has just established a betting system, subject to voter approval, that is similar to the Irish Sweepstakes. It is estimated that the State of Colorado would receive four million dollars of revenue per year from the system.

A recent and extraordinary decision has just been issued in the case of *Kelly v. Commissioner*, P-H §71-486 (4/15/71). In this case, the court held that an emergency patient who had to move into a hotel room to recover from an operation, because there weren't sufficient rooms in the hospital, could deduct the cost of his meals and lodging in the hotel as a medical expense. Thus, a court has now approved a deduction for meals and lodging for medical expenses that are incurred outside of an institution (and not within the scope of travel expenses), so long as the room is necessary under the circumstances for the patient to receive proper medical care. This opens quite a door.

More cases are being decided in favor of enforcing a summons to produce an accountant's records concerning a taxpayer's finances. Perhaps taxpayers will be better off in the future if their accountants do not own any records concerning the taxpayer's finances.

Many small business corporations, including professional corporations, will be going out of the Subchapter S election in order for their shareholder-employees to be able to avoid being taxed at once, as ordinary income, on excessive contributions to corporate retirement plans. Thus, these corporations will return to a variety of schemes to reduce their taxable incomes in order to avoid taxation at the corporate level on the corporation's profits. This, in turn, will bring about a renewal of litigation concerning unreasonable compensation of corporate executives, and part of a corporate executive's salary may be disallowed as a deduction to the corporation. However, if the executive returns the portion of his salary that was disallowed as a deduction to the corporation, under a method prescribed by the I.R.S., then the executive will not be taxed on such portion of his salary. See Rev. Rul. 69-115, 1969-1 CB 50 for the resolution that the board of directors may pass in order to bring about this result. ◄

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Please see facing column for summary of contraindications, precautions, and adverse reactions.

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Indications *Male:* Replacement therapy in testicular hormone deficiency states. Prevents atrophy of the accessory male sex organs following castration for as long as therapy is continued. Impotence and male climacteric symptoms when due to androgen deficiency. Primary eunuchoidism and eunuchism. Delayed puberty when established as not a simple familial trait. Indicated for those symptoms of panhypopituitarism related to hypogonadism, however, appropriate adrenal cortical and thyroid hormone replacement therapy remain of primary importance. *Female:* Palliation of androgen-responsive, advanced, inoperable breast cancer in women between 1 and 5 years postmenopausal or women in whom castration has shown the tumor to be hormone dependent. Prevention of postpartum breast manifestations of pain and engorgement; there is no satisfactory evidence that this drug prevents or suppresses lactation per se. In osteoporosis androgens may be of adjunctive value to adequate considerations of diet, calcium balance, physiotherapy and general health promoting measures. *Males and Females:* In the treatment of protein depletion states which occur in geriatric patients, in debilitation states, in chronic corticoid therapy, resistant fractures; cryptorchidism; creating a positive nitrogen balance, tissue repair and other anabolic effects. Androgenic steroids may produce a response in aplastic anemias, myelofibrosis, myelosclerosis, agnogenic myeloid metaplasia and hypoplastic anemias due to malignancy or myelotoxic drugs. Androgens are not of value in other anemias.
Contraindications Pregnancy (may virilize female fetus), mammary carcinoma in the male, prostatic carcinoma, severe liver disease, severe cardiorenal disease and severe persistent hypercalcemia.
Precautions Employ with caution in young boys to avoid precocious sexual development and premature epiphyseal closure. Androgens tend to promote retention of sodium and water, therefore, watch for edema—particularly in the elderly. Incidence and severity of edema have been minimal and have been associated only with high doses used for palliation of breast cancer. Hypercalcemia may occur, particularly in patients with metastatic breast carcinoma; if this occurs the drug should be discontinued. Changes in liver function tests, such as increased BSP retention and SGOT levels, can occur during therapy. Jaundice has been rarely reported. If liver function tests are altered, discontinue medication or reduce dose. Priapism is indicative of excessive dosage and is indication for temporary withdrawal of drug. When treating protein depletion states or osteoporosis, an adequate diet should be provided and prolonged immobilization avoided whenever possible. When treating aplastic or hypoplastic anemias, androgen therapy should not replace other measure such as transfusion, correction of iron deficiency, antibacterial therapy, and the use of corticosteroids.
Adverse reactions Nausea, dyspepsia, menstrual irregularities, hepatic dysfunction, priapism, edema, precocious sexual development, and premature epiphyseal closure in young patients have been reported. *Male*—Prolonged administration or excessive dose may cause inhibition of testicular function with oligospermia and decreased ejaculation volume. *Female*—Large doses or prolonged administration may produce masculinization with signs such as hirsutism, deepening of the voice, enlargement of the clitoris, acne, and sometimes, increased libido.
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* * *

Eaton Laboratories announces a decrease in prices for Furadantin. Both the 50 mg and 100 mg tablets in all bottle sizes are reduced by between 25% and 30%.

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Eli Lilly announces KEFLEX®, an acid-stable, rapidly absorbed cephalosporin antibiotic for the oral treatment of respiratory, urinary tract, and skin and soft-tissue infections caused by organisms susceptible to its action. Keflex is bactericidal in its action. It should be used with caution in patients with moderate to severe renal impairment. It is dispensed in capsule form or as an oral suspension for children. The oral suspension has the same flavor as bubble gum.

* * *

ESB Incorporated, the nation's largest battery company, has announced a new heart pacer monitor that allows heart patients with implanted pacers to check the batteries over the telephone. This will enable a patient to utilize his battery to its full capacity without trips to the doctor's office. Determinations may be made at regular intervals for charting the decline of the battery. Pacers have been observed, under this system, to render service beyond the usual time.

* * *

Becton-Dickinson, thru its Bard-Parker Division, is marketing a sterile disposable manometer tubing set designed to monitor central venous pressure. The manometer scale is easy to read and the leveling arm makes positioning more accurate. The preassembled set reduces set-up time considerably and the apparatus provides an injection site for intravenous medication.

* * *

Foremost-McKesson has a water sterilization unit, the first of its kind, which monitors ultraviolet radiant intensity and water purity and produces microbe-free, sterile water of high purity for use by medical and health facilities, clinics, laboratories and research centers. The Aseptoline unit is designed to use in conjunction with deionization or distillation systems. It will not allow the passage of water containing more than 1 part per million of dissolved solids. This is nine times the degree of purity of the USP requirement.

* * *

Posey has a new Footguard, constructed of non-breakable plastic and lined with synthetic fur, designed to provide foot and ankle support and to prevent pressure on the heel or ankle. It may be had either with or without a T-Bar Foot Stabilizer which may be used to prevent foot rotation. ◄

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June 1971

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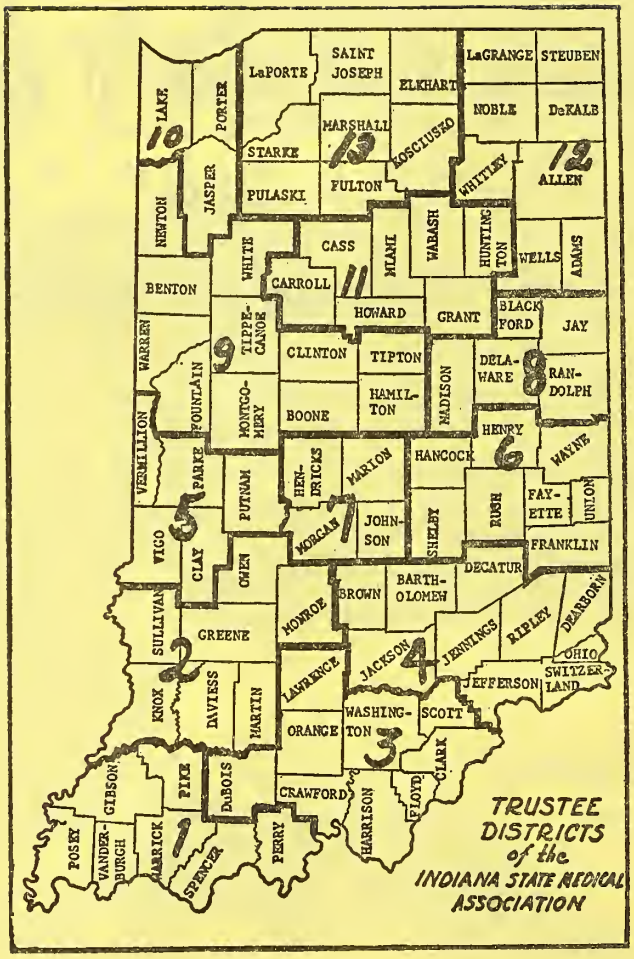
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JENNINGS
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TRUSTEE DISTRICTS of the INDIANA STATE MEDICAL ASSOCIATION

Membership Roster

INDIANA STATE MEDICAL ASSOCIATION

Following is a list of paid-up members of the Indiana State Medical Association as of May 1, 1971.

The letter (S) following a name indicates that the physician is a senior member of his local society and of the Indiana State Medical Association. The letter (H) following a name indicates that the physician is an honorary member of his local society and the Indiana State Medical Association.

Physicians are listed in the county medical society in which they hold membership.

Names of members who have died during the year do not appear in this list.

If any errors are found in this list, please report them to THE JOURNAL, 3935 N. Meridian, Indianapolis, Indiana 46208. The cooperation of members is urgently requested.

The information on specialties came from the 1969 AMA Directory (latest available issue) and from directory cards which have been returned to the ISMA office. See page 34/542 for explanation of medical specialties.

ALPHABETICAL LIST OF MEMBERS

For street addresses, see roster of members by counties, p. 35/543.

Name	City	County
A		
Aaron, Michael B.	Hammond	Lake
Abell, Charles F.	Marion	Grant
Able, Walter	Columbus	Bartholomew-Brown
Abramson, Allan L.	Gary	Lake
Acher, Robert P.	Greensburg	Decatur
Acker, Herbert K.	Fort Wayne	Allen
Acre, Robert R. (S)	Evansville	Vanderburgh
Adams, Julia L.	Muncie	Delaware-Blackford
Adams, E. Wade	Fort Wayne	Allen
Adams, Max R. (S)	Greenfield	Hancock
Adams, William B.	Muncie	Delaware-Blackford
Addleman, Robert H.	Indianapolis	Marion
Ade, Charles H.	Lafayette	Tippecanoe
Ade, Mary Keller	Lafayette	Tippecanoe
Adkins, Harold C.	Indianapolis	Marion
Adler, David L.	Columbus	Bartholomew-Brown
Adler, Fred	Munster	Lake
Adney, Frank B., Jr.	Richmond	Wayne-Union
Advincula, Luis V.	Brazil	Clay
Adye, Wallace M., Jr.	Evansville	Vanderburgh
Agana, Adriano A.	Gary	Lake
Ahlbrand, Roland C.	Fort Wayne	Allen
Ahler, Kenneth J.	Rensselaer	Jasper
Ahn, Kyung J.	Munster	Lake
Aiken, Arthur F.	Fort Wayne	Allen
Aiken, Nevin E.	Fort Wayne	Allen
Ake, Loren	Richmond	Wayne-Union
Akin, Ali	Evansville	Vanderburgh
Albertson, Frank P.	Indianapolis	Marion
Albrecht, Willard H.	Indianapolis	Marion
Alcorn, Merritt O.	Madison	Jefferson-Switzerland
Alderfer, Henry H.	Marion	Grant
Aldred, Allen W.	Fort Wayne	Allen
Aldrich, Harry D.	Indianapolis	Marion
Aldrich. Howard	Indianapolis	Marion
Alexander, Alan A.	Lafayette	Tippecanoe
Alexander, Ezra D. (S)	Indianapolis	Marion
Alexander, Jack L.	Muncie	Delaware-Blackford
Alexander, John E.	Evansville	Vanderburgh
Alexander, Stephen J.	Crawfordsville	Montgomery
Alfano, Paul A.	Gary	Lake
Alig, Vincent B.	Indianapolis	Marion
All, Barbara B.	Indianapolis	Marion
Allegretti, Michael L.	Munster	Lake
Allen, George S.	Georgetown	Floyd
Allen, Lawrence E.	Anderson	Madison
Allen, Robert K.	Indianapolis	Marion
Allen, Robert T.	Richmond	Wayne-Union
Allen, William H.	Evansville	Vanderburgh
Alley, Thomas W.	Indianapolis	Marion
Altier, William H.	Lafayette	Benton
Altuna, Raquel	Valparaiso	Porter
Aluning, Pastor D.	Plymouth	Marshall
Alvarez, Paul	Merrillville	Lake
Alvey, Charles R.	Muncie	Delaware-Blackford
Alvis, David L.	Indianapolis	Marion
Alvis, Edmond O. (S)	Indianapolis	Marion
Alward, John H.	Kokomo	Howard
Ambrose, Jesse C.	Noblesville	Hamilton
Ambrozaitis, Kazys	Gary	Lake
Amico, Pasquale J.	Merrillville	Lake
Amini, Sohrab	Huntingburg	Dubois
Anastasopoulos, Geo. C.	Whiting	Lake
Anderson, Ernest	Fort Wayne	Allen
Anderson, Garland D.	Fort Wayne	Allen
Anderson, James T.	Greenfield	Hancock
Anderson, James W.	Indianapolis	Marion
Anderson, John B.	Vincennes	Knox
Anderson, John T.	Zionsville	Marion
Anderson, Milton H.	Evansville	Vanderburgh
Anderson, Robert C.	Richmond	Wayne-Union
Anderson, Walter C.	Terre Haute	Vigo
Andrew, Jerald L.	Fort Wayne	Allen
Andrews, C. Franklin	Geneva	Jay
Andrews, Hugh K.	Franklin	Johnson
Angel, Virgil E.	Highland	Lake
Angeles, Armando E.	Connersville	Fayette-Franklin
Angeles, Uldarico A.	Portage	Lake
Angulo, Edilberto D.	Munster	Lake
Anshutz, William M.	Indianapolis	Marion
Antes, Earl H.	Evansville	Vanderburgh
Antreasian, Berj	Indianapolis	Marion
Appel. Richard H.	Indianapolis	Marion
Apple, Eddie R.	Salem	Washington
Applegate, Albert E.	Frankfort	Clinton
Applegate, George W.	Indianapolis	Marion

Name	City	County
Arata, James A.	Fort Wayne	Allen
Arata, Justin E.	Fort Wayne	Allen
Arata, Lucian A.	Shelbyville	Shelby
Arbeiter, Herbert I.	Munster	Lake
Arbogast, John L.	Indianapolis	Marion
Arbogast, Paul B.	Vincennes	Knox
Arbuckle, William E. (S)	Indianapolis	Marion
Arendell, Robert E.	Evansville	Vanderburgh
Arford, John E.	Warsaw	Kosciusko
Arive, Floro F.	Oaklandon	Hancock
Arlook, Theodore D.	Elkhart	Elkhart
Armalavage, Leon J.	Valparaiso	Porter
Armer, Robert M.	Indianapolis	Marion
Armington, Charles L.	Anderson	Madison
Armstead, John W.	Indianapolis	Marion
Armstrong, Thomas D.	Michigan City	La Porte
Arney, Amos	Michigan City	La Porte
Arnold, Aaron L.	Indianapolis	Marion
Arnold, Robert D.	Indianapolis	Marion
Aronson, Sidney S. (S)	Indianapolis	Marion
Arrowsmith, James L.	Munster	Lake
Arroyo, Sylvia	Evansville	Vanderburgh
Artis, Myrle E.	Kokomo	Howard
Artz, Richard W.	Angola	Steuben
Arvin, Delano Z.	Lafayette	Tippecanoe
Ashburn, Clarence M.	Muncie	Delaware-Blackford
Asher, James W.	New Augusta	Marion
Ashman, William C.	Fort Wayne	Allen
Ashwood, Edward L.	Mt. Pleasant So. Carolina	Marion
Assue, Clare M.	Indianapolis	Marion
Atkins, Clarence C. (S)	Rushville	Rush
Atkins, Clayton	Greenwood	Marion
Atwood, William H.	Elkhart	Elkhart
Auburn, Richard P.	Munster	Lake
Auckley, James L.	Lafayette	Tippecanoe
Ault, Carl H.	Kokomo	Tippecanoe
Ault, Roy J.	Terre Haute	Vigo
Aust, Charles H.	Ft. Wayne	Allen
Austin, Charles E.	Anderson	Madison
Austin, Eugene W.	Evansville	Vanderburgh
Austin, Maynard A. (S)	Evansville	Madison
Austin, Richard P.	Bedford	Lawrence
Avery, George O.	Indianapolis	Marion
Ayers, Marion E.	Indianapolis	Hamilton
Ayres, Wendell W.	Marion	Grant

B

Name	City	County
Baadj, Abdel G.	Indianapolis	Marion
Babb, Forrest J.	Stockwell	Tippecanoe
Babcoke, Gary A.	Cedar Lake	Lake
Bacala, Jesus	Scottsburg	Scott
Bachmann, Arnold J.	Indianapolis	Marion
Backer, George P.	La Porte	La Porte
Backer, Henry G. (S)	Ferdinand	Dubois
Backer, Mary B.	La Porte	La Porte
Backs, Alton J.	South Bend	St. Joseph
Bader, Joseph	Indianapolis	Marion
Bahler, Dean R.	Crawfordsville	Montgomery
Bahr, Robert E.	Fort Wayne	Allen
Bailey, Earl W.	Logansport	Cass
Bailey, Edwin B.	Linton	Greene
Bailey, Lawrence S.	Zionsville	Boone
Bailey, Paul P. (S)	Fort Wayne	Allen
Baird, Melvin S.	Indianapolis	Marion
Baisas, Wilfrido C.	Evansville	Vanderburgh
Bakemeier, Otto H. (S)	Indianapolis	Marion
Bakemeier, Robert E.	Indianapolis	Marion
Baker, Avey M. (S)	New Albany	Floyd
Baker, Eldon E.	Delphi	Carroll
Baker, Glenn	Brownsburg	Hendricks
Baker, Herman M. (S)	Evansville	Vanderburgh
Baker, John C.	Indianapolis	Marion
Baker, John R.	W. Lafayette	Tippecanoe
Baker, John Y., Jr.	New Albany	Floyd
Baker, Leslie M.	Aurora	Dearborn-Ohio
Baker, Mason R.	Evansville	Vanderburgh
Baker, Sam B.	Evansville	Vanderburgh
Baker, Warren (S)	Michigan City	La Porte
Bakos, Edward R.	Decatur, Ill.	Lake
Balaguer, Carmen V.	Hammond	Lake
Balch, James F., Jr.	Indianapolis	Marion
Balinao, Ruben C.	Michigan City	LaPorte
Balkema, Catherine M.	Lafayette	Tippecanoe
Ball, Clay A. (S)	Muncie	Delaware-Blackford
Ball, John R.	Fort Wayne	Allen
Ball, Joseph E.	Indianapolis	Marion
Ball, Margaret J.	Fort Wayne	Allen
Ball, Philip	Muncie	Delaware-Blackford
Ballenger, William E. (S)	Richmond	Wayne-Union
Balsbaugh, George K.	North Manchester	Wabash
Balter, Eugene	Gary	Lake
Baltes, Joseph H.	Fort Wayne	Allen
Baltzer, Donald J.	Muncie	Delaware-Blackford
Banas, William R.	Indianapolis	Marion
Bankoff, Milton L.	Michigan City	La Porte
Bannon, William G.	Terre Haute	Vigo
Baptisti, Arthur, Jr.	Indianapolis	Marion
Baran, Charles	South Bend	St. Joseph
Barch, John W.	Fort Wayne	Allen
Bard, Frank B.	Crothersville	Jackson-Jennings
Barnes, Gilbert H.	Indianapolis	Marion
Barnes, Helen B.	Greenwood	Johnson
Barnhart, Willard T.	Evansville	Vanderburgh
Barone, Carmelo V.	Mishawaka	St. Joseph
Barrett, James W.	Washington	Daviess-Martin
Barrett, Ivan R.	Indianapolis	Marion
Barrett, Thomas L.	Vincennes	Knox
Barron, Elmer A.	East Chicago	Lake
Barros, Paul	Hobart	Porter
Barrow, John H.	Dale	Spencer
Bartle, James L.	Indianapolis	Marion
Bartlett, Donald T.	Vincennes	Knox
Bartley, Max D.	Indianapolis	Marion
Barton, Reginald R.	Gary	Lake
Barton, Robert	Angola	Steuben
Barton, Willoughby M.	Centerville	Wayne-Union
Bartsch, Harvey L.	South Bend	St. Joseph
Bascom, Karleen A.	Madison	Jefferson-Switzerland
Bash, Wallace E.	Fort Wayne	Allen
Baskett, Russell J.	Jonesboro	Grant
Bassett, Margaret	Thorntown	Boone
Bassler, Carl R. (S)	Niles, Mich.	St. Joseph
Bastnagel, William F.	Indianapolis	Marion
Bates, Laurence H.	Indianapolis	Marion
Battersby, J. Stanley	Indianapolis	Marion
Batties, Paul A.	Indianapolis	Marion
Battle, Frederick G.	Michigan City	La Porte
Bauer, Thomas B.	Indianapolis	Marion
Baughn, William L.	Anderson	Madison
Baum, John R. (S)	Warsaw	Kosciusko
Bauman, Richard L.	Fort Wayne	Allen
Baumeister, Herbert E.	Indianapolis	Marion
Baumgartner, Jeraldine	Fort Wayne	Allen
Baxter, Harry R.	Seymour	Jackson-Jennings
Baxter, John P.	Indianapolis	Marion
Baxter, Neal E.	Bloomington	Owen-Monroe
Baxter, Samuel M. (S)	New Albany	Tippecanoe
Bayazit, Lutti	Logansport	Cass
Bayley, William E.	Lafayette	Floyd
Beach, Norman F.	South Bend	St. Joseph
Beach, Robert R. (S)	Indianapolis	Marion

Name	City	County
Beams, Ralph H.	Fort Wayne	Allen
Beams, Ronald N.	Indianapolis	Marion
Bean, Joseph S.	Logansport	Cass
Beardsley, Frank A., Jr.	Frankfort	Clinton
Beaven, John B.	Jasper	Dubois
Beaver, Ernest R.	Rensselaer	Jasper
Beaver, Howard W.	Indianapolis	Marion
Beaver, Norman E.	Berne	Adams
Bechtol, Lavon D.	Indianapolis	Marion
Bechtold, Samuel E.	South Bend	St. Joseph
Beck, David C.	Indianapolis	Marion
Beck, Evart M.	Indianapolis	Marion
Beck, Robert E.	Evansville	Vanderburgh
Becker, Harry G.	Indianapolis	Marion
Becker, Jerry D.	Evansville	Vanderburgh
Becker, Samuel W.	Whiting	Lake
Beckes, Ellsworth W. (S)	Vincennes	Knox
Beckman, Arthur	Crown Point	Lake
Beconovich, Robert	Munster	Lake
Bedwell, Marion H. (S)	Sullivan	Sullivan
Beeler, Franklin K.	Anderson	Madison
Beeler, John W.	Indianapolis	Marion
Beeler, Raymond C. (S)	Indianapolis	Marion
Beering, Steven C.	Indianapolis	Marion
Beeson, Wilbur P.	Greenfield	Hancock
Begley, Joseph W., Jr.	Evansville	Vanderburgh
Beggs, Lowell F.	Columbus	Bartholomew-Brown
Behn, Walter M. (S)	Wheaton, Ill.	Lake
Beierlein, Karl M. (S)	Fort Wayne	Allen
Beights, Raymond S.	Fort Wayne	Allen
Beisel, Larry H.	Evansville	Vanderburgh
Belcher, Alan D.	Marion	Grant
Belding, Ray T.	Greenwood	Marion
Bell, Horace D.	South Bend	St. Joseph
Belshaw, George	Indianapolis	Marion
Belt, James H.	Indianapolis	Marion
Benchik, Frank A.	East Chicago	Lake
Bender, John M.	Goshen	Elkhart
Bender, Martin J.	Evansville	Vanderburgh
Bender, Robert L.	Elkhart	Elkhart
Bendush, Cecil L.	Evansville	Vanderburgh
Benedict, Harold G.	Pendleton	Madison
Benedict, Paul F.	Indianapolis	Marion
Benham, Lawrence E.	Bedford	Lawrence
Benjamin, Samson	Indianapolis	Marion
Benken, Lawrence D.	Muncie	Delaware-Blackford
Bennett, Abner P.	Evansville	Vanderburgh
Bennett, Ivan F.	Indianapolis	Marion
Bennett, J. B.	Warren	Huntington
Bennett, James E.	Indianapolis	Marion
Bennett, Jene R.	South Bend	St. Joseph
Benson, J. Thomas	Indianapolis	Marion
Benson, James E.	Elkhart	Elkhart
Benz, James A.	Indianapolis	Marion
Benz, Jesse C. (S)	Marengo	Harrison-Crawford
Benz, Owen F.	Wanatah	La Porte
Bergal, Milton B.	Gary	Lake
Bergan, Joseph A.	Michigan City	La Porte
Berghoff, James R.	Fort Wayne	Allen
Bergwall, Warren L.	Muncie	Delaware-Blackford
Berk, Barbara Z.	West Lafayette	Tippecanoe
Berke, Robert D.	South Bend	St. Joseph
Berkson, Myron E.	Michigan City	La Porte
Berman, Edward J.	Indianapolis	Marion
Berman, Jacob K. (S)	Indianapolis	Marion
Bernard, Marvin R.	Gary	Lake
Bernoske, Daniel G.	Indianapolis	Marion
Berry, John M.	Indianapolis	Marion

Name	City	County
Beruben, Miguel F.	East Chicago	Lake
Best, Maurice M.	New Albany	Floyd
Best, Robert C.	Whiting	Lake
Bethea, Dennis A. (S)	Hammond	Lake
Bethea, Robert O.	Farmersburg	Sullivan
Beuerman, V. A.	Lafayette	Tippecanoe
Beutler, Theodore V.	Fort Wayne	Allen
Bhagwandin, Harry O.	Indianapolis	Marion
Bibler, Lester D.	Indianapolis	Marion
Bicalho, Jose F.	Merrillville	Lake
Bickel, David A. (S)	South Bend	St. Joseph
Bickers, Everett E.	Floyds Knobs	Floyd
Bidney, Evelyn B.	Bloomington	Owen-Monroe
Biegel, Angenieta A.	Indianapolis	Marion
Bierly, George R.	New Albany	Floyd
Bierman, Gilbert H.	Fort Wayne	Allen
Bigler, Frederick W.	Goshen	Elkhart
Bill, Robert O.	Indianapolis	Marion
Billings, Elmer R.	Elkhart	Elkhart
Billingsley, John S.	Fort Wayne	Allen
Bills, R. James	Gary	Lake
Bills, Robert N. (S)	Gary	Lake
Birdzell, John P.	Crown Point	Lake
Birmingham, Peter J. (S)	South Bend	St. Joseph
Bishop, Harry A.	Frankton	Madison
Bissonnette, Roger P.	Evansville	Vanderburgh
Bixler, Donald P.	Anderson	Madison
Bixler, James A.	Fort Wayne	Allen
Bixler, Louis C.	South Bend	St. Joseph
Bizal, John A.	Evansville	Vanderburgh
Bizer, Mier A.	Jeffersonville	Clark
Black, Boyd K.	Vincennes	Knox
Black, Henry R.	Indianapolis	Marion
Black, M. James	Brownsburg	Hendricks
Black, Joseph M.	Seymour	Jackson-Jennings
Blackburn, Howard R.	Noblesville	Hamilton
Blackford, Florence (S)	Indianapolis	Marion
Blackford, Ralph E. (S)	Indianapolis	Marion
Blackwell, Donald S.	Indianapolis	Marion
Blair, Richard G.	Huntington	Huntington
Blaisdell, William F.	Seymour	Jackson-Jennings
Blake, Albert L.	Indianapolis	Marion
Blando, Uldarico	Gary	Porter
Blassaras, Crist A.	Anderson	Madison
Blatt, A. Ebner	Indianapolis	Marion
Blazey, Arthur G.	Washington	Daviess-Martin
Bledsoe, James G.	New Castle	Henry
Blessinger, Louis H.	Corydon	Harrison-Crawford
Bleza, Maximo	Munster	Lake
Blichert, Peter A.	Fort Wayne	Allen
Blix, Fred M.	Ladoga	Montgomery
Bloemker, E. Fredrick	Indianapolis	Marion
Bloemker, Edward F.	Indianapolis	Marion
Bloom, Asa W.	Marion	Grant
Bloom, George R.	Elkhart	Elkhart
Bloomer, Richard S.	Rockville	Parke-Vermillion
Bloss, Bryant A.	Evansville	Vanderburgh
Blossom, Paul W.	Richmond	Wayne-Union
Bloxdorf, John W.	Terre Haute	Vigo
Blum, Leon L.	Terre Haute	Vigo
Boaz, William D.	Wabash	Wabash
Bobb, Kenneth E.	Seymour	Jackson-Jennings
Boberg, Arthur R.	Muncie	Delaware-Blackford
Bodnar, Leslie M.	South Bend	St. Joseph
Bogan, William C.	South Bend	St. Joseph
Bogardus, Carl R.	Austin	Scott
Boggs, Eugene F.	Indianapolis	Marion
Boha, Rudolf L.	Borden	Floyd
Boldy, Mirhan	Marion	Grant

Name	City	County
Bolin, Robert C.	Lafayette	Tippecanoe
Boling, Frederick F.	Indianapolis	Marion
Boling, Grover C.	Indianapolis	Marion
Boling, Richard C.	Elkhart	Elkhart
Bolinger, Garry L.	Dayton, Ohio	Marion
Bollheimer, Don A.	Fort Wayne	Allen
Bomalaski, M. Donald	Jasper	Dubois
Bomba, Brad J.	Bloomington	Owen-Monroe
Bombar, Leslie E.	Munster	Lake
Bond, George S. (S)	Indianapolis	Marion
Bond, L. G.	Lafayette	Tippecanoe
Bond, Virginia	Indianapolis	Marion
Bond, William H.	Indianapolis	Marion
Bonsett, Charles A.	Indianapolis	Marion
Booher, Norman R.	Indianapolis	Marion
Booher, Olga Bonke	Indianapolis	Marion
Boone, Clarence W.	Gary	Lake
Boone, Robert D.	Evansville	Vanderburgh
Booth, Boynton H.	Indianapolis	Marion
Booth, Franklin M.	South Bend	St. Joseph
Booze, James H.	Bloomington	Owen-Monroe
Bopp, Henry W., Jr.	Terre Haute	Vigo
Bopp, James	Terre Haute	Vigo
Border, John F.	Muncie	Delaware-Blackford
Boren, Paul R.	Poseyville	Posey
Borges, Victor J.	Huntingburg	Dubois
Bornstein, Herschel	Gary	Lake
Borland, Raymond M. (S)	Bloomington	Owen-Monroe
Borough, Lester D.	South Bend	St. Joseph
Bosch, Ralph	Seymour	Jackson-Jennings
Bosler, Howard A. (S)	Westville	La Porte
Bossard, John W.	Fort Wayne	Allen
Boswell, Robert W. C.	Evansville	Vanderburgh
Botkin, Charles L. (S)	Hollywood, Fla.	Delaware-Blackford
Botkin, Charles T.	Muncie	Delaware-Blackford
Botkin, Clyde G.	Muncie	Delaware-Blackford
Bowdoin, George E. (S)	Elkhart	Elkhart
Bowen, Gerald T.	Lawrenceburg	Dearborn-Ohio
Bowen, Otis R.	Bremen	Marshall
Bower, Richard E.	Fort Wayne	Allen
Bowers, Charles R.	Anderson	Madison
Bowers, Copeland C.	Kokomo	Howard
Bowers, Gah T.	Fort Wayne	Allen
Bowers, Garvey B.	Kokomo	Howard
Bowers, George W.	Fort Wayne	Allen
Bowers, John A.	Kokomo	Howard
Bowers, Jesse W. (S)	Fort Wayne	Allen
Bowman, Chas. N.	Albion	Noble
Bowman, John	Kokomo	Howard
Bowman, Leon	New Albany	Floyd
Bowser, Philip G.	Goshen	Elkhart
Boyce, Paul A.	Indianapolis	Marion
Boyd, H. Clark	Terre Haute	Vigo
Boyer, Don W.	Lebanon	Boone
Boyer, Floyd A.	Indianapolis	Marion
Boyer, Grace B.	Marion	Grant
Boyle, Carroll L.	Evansville	Vanderburgh
Boys, Fay F.	East Chicago	Lake
Boze, Robert L.	Berne	Adams
Bradley, Louis F.	Bluffton	Wells
Bradley, Richard V.	Kokomo	Howard
Brady, Kingdon	West Lafayette	Tippecanoe
Brady, Thomas A.	Indianapolis	Marion
Brakel, Frank J., Jr.	Evansville	Vanderburgh
Branam, George E.	Muncie	Delaware-Blackford
Branco, Arthur M.	Munster	Lake
Brand, Anna	Calumet City, Ill.	Lake
Brandes, David C.	Indianapolis	Marion
Brandman, Harry	Gary	Lake
Brandt, William E.	Fort Wayne	Allen
Brantly, James M.	Indianapolis	Marion
Brauer, Abraham A.	Westville	La Porte
Braun, Benjamin D.	Sarasota, Fla.	Lake
Braunlin, Earl A.	Fort Wayne	Allen
Braunlin, Robert J.	Fort Wayne	Allen
Brayton, Lee	Indianapolis	Marion
Brechtl, Harvey J.	South Bend	St. Joseph
Bremer, Windham	Michigan City	LaPorte
Brennan, Bess B.	Hammond	Lake
Brennan, William C.	Whiting	Lake
Brenner, Howard B.	Munster	Lake
Bretz, John M.	Huntingburg	Dubois
Brewer, David H.	Columbus	Bartholomew-Brown
Brewer, Robert A.	Logansport	Cass
Brickley, Harry D.	Indianapolis	Marion
Brickley, Richard A.	Indianapolis	Marion
Bridge, Barton C.	Lafayette	Tippecanoe
Bridges, Alvin L.	Anderson	Madison
Bridges, William L.	Fort Wayne	Allen
Briggs, Robert W.	Indianapolis	Marion
Brill, Joseph B.	Jeffersonville	Clark
Brillhart, James R.	Indianapolis	Marion
Brincko, John	Merrillville	Lake
Brissenden, Reynolds B.	Indianapolis	Marion
Bristol, Henry M. S.	Terre Haute	Vigo
Britt, Robert L.	Evansville	Vanderburgh
Britton, Welbon D.	Montezuma	Parke-Vermillion
Brock, Joseph T.	New Castle	Henry
Brockman, Wilfred J.	Corydon	Harrison-Crawford
Brockmole, Arnold W.	Evansville	Vanderburgh
Broderdsen, James D.	Munster	Lake
Brogan, Thomas M.	Indianapolis	Marion
Bromley, Luman W.	Fort Wayne	Allen
Bronson, Paul J. (S)	Terre Haute	Vigo
Brooks, Fred R., Jr.	Indianapolis	Marion
Broomes, Edward L. C.	East Chicago	Lake
Broshears, Kenneth P.	Linton	Greene
Brosius, Robert H. W.	Fort Wayne	Allen
Brough, A. Kathleen	Indianapolis	Marion
Brown, Archie E.	St. Petersburg Beach, Fla.	Marion
Brown, David E.	Indianapolis	Marion
Brown, DeWitt W.	Indianapolis	Marion
Brown, Earl E.	Greenwood	Marion
Brown, Earl R., Jr.	Indianapolis	Marion
Brown, Frances T. (S)	Indianapolis	Marion
Brown, Frank M.	Indianapolis	Marion
Brown, Frederic W.	Fort Wayne	Allen
Brown, Garland R.	Fort Wayne	Allen
Brown, George E.	Greenwood	Johnson
Brown, Gordon T.	Indianapolis	Marion
Brown, James R.	Valparaiso	Porter
Brown, John S. (S)	Carlisle	Sullivan
Brown, Kenneth H.	New Albany	Floyd
Brown, Leland G.	Muncie	Delaware-Blackford
Brown, Leo R.	Gary	Lake
Brown, Marcel S.	Spencer	Owen-Monroe
Brown, Richard J.	Kokomo	Howard
Brown, Robert L.	Evansville	Vanderburgh
Brown, Robert M.	Marion	Grant
Brown, Robert R.	Terre Haute	Vigo
Brown, Stewart D.	Albany	Delaware-Blackford
Brown, Thomas M.	Muncie	Delaware-Blackford
Brown, Wendell E.	Indianapolis	Marion

Name	City	County
Browning, James S.	Indianapolis	Marion
Browning, William M.	Nineveh	Marion
Brownley, E. Jane	Indianapolis	Marion
Brubaker, Harold S.	Huntington	Huntington
Brubeck, Robert E.	Martinsville	Morgan
Bruce, Reginald A.	Indianapolis	Marion
Brucker, Perry A.	Fort Wayne	Allen
Brueckmann, F. Robert	Indianapolis	Marion
Bruegge, Theodore J.	Kokomo	Howard
Bruetsch, Walter L. (S)	Santa Barbara, Calif.	Marion
Bryan, Franklin A.	Fort Wayne	Allen
Bryan, Robert E.	Kendallville	Noble
Bryan, Stanton L.	Evansville	Vanderburgh
Bryant, Edward G.	East Chicago	Lake
Buchanan, Wallace D.	South Bend	St. Joseph
Bucholz, James G.	Fort Wayne	Allen
Buchman, Marshall H.	New Albany	Floyd
Buckingham, Richard E.	Bloomington	Owen-Monroe
Buckingham, Richard E., Jr.	Indianapolis	Marion
Buckles, David L.	Anderson	Madison
Buckner, George D.	Fort Wayne	Allen
Buckner, Joy F. (S)	Bluffton	Wells
Buehl, Frederick H.	Indianapolis	Marion
Buehl, Isabelle A.	Greenwood	Marion
Buehler, George M.	Jeffersonville	Clark
Buechler, William F.	Elwood	Madison
Buechner, Frederick W. (S)	South Bend	St. Joseph
Buehner, Donald F.	Evansville	Vanderburgh
Buell, Forrest R.	Clay City	Clay
Bullard, Harlan R.	Lafayette	St. Joseph
Bullers, Robert C.	Franklin	Johnson
Bullington, George E.	Franklin	Johnson
Bundy, Vernon	New Albany	Floyd
Buntin, Presley T.	Indianapolis	Marion
Bunker, Ladoska Z.	North Manchester	Wabash
Burcham, James B.	Madison	Jefferson-Switzerland
Burdette, Harold F.	Indianapolis	Marion
Burger, Thomas C.	Evansville	Vanderburgh
Burghard, Rolla D.	Indianapolis	Marion
Burk, James M.	Decatur	Adams
Burket, Cecil R.	Bremen	Marshall
Burkhardt, Boyd A.	Tipton	Tipton
Burkle, Robert J.	Terre Haute	Vigo
Burnes, Keith C.	Lebanon	Boone
Burnett, Arthur B.	New Castle	Henry
Burnett, Paul C.	Logansport	Cass
Burnikel, Ray H.	Evansville	Vanderburgh
Burns, John T.	Lafayette	Tippecanoe
Burns, Paul E.	Montpelier	Delaware-Blackford
Burns, Winton H.	Ft. Rucker, Ala.	Henry
Burt, Michael	Indianapolis	Marion
Burton, Robt. L.	Gary	Lake
Burwell, Stanley W.	Muncie	Delaware-Blackford
Bush, Charles E.	Kirklin	Clinton
Bush, Edward R.	Anderson	Madison
Bush, Hargis R. (S)	Cannelton	Perry
Bush, Jack A.	Lafayette	Tippecanoe
Bush, Robert	Columbus	Bartholomew-Brown
Buslee, Roger M.	South Bend	St. Joseph
Bussard, Frank W.	South Bend	St. Joseph
Butler, John O.	Indianapolis	Marion
Butler, Richard	Richmond	Wayne-Union
Butler, Robert M.	Indianapolis	Marion
Butts, Milton A.	South Bend	St. Joseph
Butz, Ralph O.	Muncie	Delaware-Blackford
Byllesby, Joyce E.	Crawfordsville	Montgomery
Byrne, Robert J.	Bicknell	Knox

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Name	City	County
Cabigas, Jose S.	Richmond	Wayne-Union
Cabrera, Pelayo B.	Gary	Lake
Cadiente, Samson S.	Indianapolis	Marion
Cagle, Bob R.	New Palestine	Hancock
Cahn, Hugo M. (S)	Indianapolis	Marion
Cahn, Peter H.	Indianapolis	Marion
Cain, David R.	New Castle	Henry
CaJacob, Melville E.	Terre Haute	Vigo
Caldwell, Marilyn R.	Indianapolis	Marion
Caldwell, Milton V.	Terre Haute	Vigo
Caldwell, Richard B.	Marion	Grant
Calhoon, John P.	Plainfield	Hendricks
Calisto, Ruben A.	Logansport	Cass
Callaghan, Winship C.	Greensburg	Decatur
Calli, Louis J.	North Vernon	Jackson-Jennings
Calvert, Raymond R. (S)	Lafayette	Tippecanoe
Camacho, Ernesto M.	Chandler	Warrick
Cameron, Don F. (S)	Angola	Steuben
Campagna, Ettor A.	East Chicago	Lake
Campbell, Frank	Anderson	Madison
Campbell, H. Edwin, Jr.	Indianapolis	Marion
Campbell, John A.	Indianapolis	Marion
Campbell, Patrick B.	Elkhart	Elkhart
Campbell, Richard W.	Indianapolis	Marion
Campbell, Robert L.	Indianapolis	Marion
Campbell, Sam W.	New Castle	Henry
Campbell, William T.	Bloomington	Owen-Monroe
Cannon, Daniel H.	New Albany	Floyd
Cantwell, Edgar R.	Vincennes	Knox
Caplin, Irvin	Indianapolis	Marion
Caputi, Saverio	Indianapolis	Marion
Carberry, George A.	Merrillville	Lake
Carbone, Joseph A.	Merrillville	Lake
Card, William C.	Indianapolis	Marion
Carey, J. Albert	Gary	Lake
Carlberg, Dale L.	Jeffersonville	Clark
Carlo, Ernest R. (S)	Fort Wayne	Allen
Carlson, Milton R.	Portage	Porter
Carlson, Ralph F.	Evansville	Vanderburgh
Carmody, Raymond F.	Gary	Lake
Carney, Joel T. (S)	Jeffersonville	Clark
Carpenter, Bennie F.	Crown Point	Lake
Carpenter, Donald J.	Terre Haute	Vigo
Carpenter, James B.	Lafayette	Tippecanoe
Carpenter, Ramesh S.	Garrett	DeKalb
Carpenter, Robert S.	W. Lafayette	Tippecanoe
Carpentier, James R.	La Porte	La Porte
Carr, Joseph H.	Henryville	Clark
Carrel, Francis E.	Frankfort	Clinton
Carroll, Bertha Rose (S)	W. Lafayette	Tippecanoe
Carroll, John C.	Decatur	Adams
Carroll, Mary E.	Crown Point	Lake
Carson, Wayne	Indianapolis	Marion
Carter, Eunice M.	Noblesville	Hamilton
Carter, F. R. N. (S)	South Bend	St. Joseph
Carter, Fred S.	La Porte	La Porte
Carter, James E.	Indianapolis	Marion
Carter, Jean V. (S)	Tipton	Tipton
Carter, John O.	Hobart	Lake
Cartwright, Glen W.	Lafayette	Tippecanoe
Carty, Charles B.	Pekin	Washington
Casey, Stanley M. (S)	Huntington	Huntington
Cassady, J. Vernal (S)	South Bend	St. Joseph
Cassady, John R.	South Bend	St. Joseph
Cassim, Rechad M.	Elkhart	Elkhart
Castueras, Flor T.	Salem	Washington
Cast, William R.	Fort Wayne	Allen
Castro, Ignacio B., Jr.	Scottsburg	Scott
Cates, Jeryl R.	Indianapolis	Marion
Cato, Allen	Evansville	Vanderburgh

Name	City	County
Cattell, Lee M.	Kokomo	Howard
Caudill, Rodney C.	Anderson	Madison
Cavins, Alexander W. (S)	Terre Haute	Vigo
Caylor, Charles H.	Bluffton	Wells
Caylor, Harold D. (S)	Bluffton	Wells
Caylor, Truman E. (S)	Bluffton	Wells
Cespedes, Carlos A.	Griffith	Lake
Chael, Thomas C.	Munster	Lake
Challman, William B.	Evansville	Vanderburgh
Chamberlain, Donald S.	South Bend	St. Joseph
Chambers, Alan R.	Fort Wayne	Allen
Chambers, Carol R.	Union City	Randolph
Chambers, Leroy B.	Union City	Randolph
Chan, John T.	Marion	Grant
Chandler, Leon H.	Goshen	Elkhart
Chandler, Leon H., Jr.	Anchorage, Alaska	Marion
Chapman, William E.	Evansville	Vanderburgh
Chappel, Alfred T.	Franklin	Johnson
Charles, Sara C.	Notre Dame	St. Joseph
Chase, James A.	Fort Wayne	Allen
Chattin, Herbert O.	Vincennes	Knox
Chattin, Robert E.	Loogootee	Daviess-Martin
Chattin, William R.	Indianapolis	Marion
Chattin, Vance J.	Washington	Daviess-Martin
Chau, Andrew Y. S.	Terre Haute	Vigo
Chavez, Mauro E.	Indianapolis	Marion
Cheesman, Donald D.	Danville	Hendricks
Chen, Ko K. (S)	Indianapolis	Marion
Cheng, Sylvia F.	Walton	Cass
Chernish, Stanley M.	Indianapolis	Marion
Childs, Wallace E.	Madison	Jefferson-Switzerland
Chin, Mary C.	Marion	Grant
Chip, Jerald N.	Gary	Lake
Chiu, F. Luke	Franklin	Johnson
Chivington, Paul V.	Indianapolis	Marion
Choslovsky, Sydney	Gary	Lake
Chremos, A. N.	Richmond, Va.	Vanderburgh
Christie, Marvin C.	Indianapolis	Marion
Christophel, Verna A.	Mishawaka	St. Joseph
Chroniak, Walter	Indianapolis	Marion
Chu, Johnson C. S.	Logansport	Cass
Chube, David D.	Gary	Lake
Church, Robert A.	Munster	Lake
Clark, Edward E.	Indianapolis	Marion
Clark, Eric	Plainfield	Hendricks
Clark, George A.	Indianapolis	Marion
Clark, Ivan A.	Paoli	Orange
Clark, Jack P.	Syracuse	Elkhart
Clark, Lawson J.	Indianapolis	Marion
Clark, Lintner E.	Muncie	Delaware-Blackford
Clark, Robert M.	Muncie	Delaware-Blackford
Clark, Thomas W.	Evansville	Vanderburgh
Clark, William B., Jr.	Jeffersonville	Clark
Clark, William H.	South Bend	St. Joseph
Clark, William R., Jr.	Fort Wayne	Allen
Clark, William R.	Fort Wayne	Allen
Clarkson, Clarence G.	Richmond	Wayne-Union
Classen, Pete R. C.	Elkhart	Elkhart
Clay, Eleanor	Columbus	Bartholomew-Brown
Clevinger, William G.	Kokomo	Howard
Cline, Donald L.	Peru	Marion
Cline, Kenneth L.	Wyatt	St. Joseph
Close, Frederick W.	Fort Wayne	Allen
Close, Gerald A.	Cando, N.D.	Marion
Clouse, Paul A.	Evansville	Vanderburgh
Clunie, William A.	Huntington	Huntington
Coates, Jacqueline	Indianapolis	Marion
Coats, Eli A.	Plainfield	Hendricks
Cobb, Clarence M.	Indianapolis	Marion
Coble, Frank H.	Richmond	Wayne-Union
Cochran, Harry A., Jr.	Fort Wayne	Allen
Cockrell, D. Kete	Beech Grove	Marion
Cockrum, William M.	Evansville	Vanderburgh
Coddens, Avery L.	Fowler	Benton
Coffel, Melvin H.	Vincennes	Knox
Cofield, Donald D.	Bloomington	Owen-Monroe
Coggeshall, Warren E.	Indianapolis	Marion
Cohen, Irving	Plainfield	Hendricks
Cohn, Alvin F.	Greenwood	Marion
Cole, Ira (S)	Lafayette	Tippecanoe
Cole, Larry G.	Yorktown	Delaware-Blackford
Coleman, Floyd B.	Waterloo	DeKalb
Coleman, Henry G.	Salem	Washington
Coleman, Joseph E.	Evansville	Vanderburgh
Colligan, Francis X.	Topeka	LaGrange
Collins, Hubert L.	Indianapolis	Marion
Collins, Jack T.	Bluffton	Wells
Collins, Robert C.	Indianapolis	Marion
Colvin, Robert C.	Newburgh	Warrick
Combs, Daniel	Vincennes	Knox
Combs, Herman T.	Evansville	Vanderburgh
Combs, John H. (S)	Evansville	Vanderburgh
Combs, Stuart R.	Terre Haute	Vigo
Comeau, William J.	Marion	Grant
Comer, Kenneth E.	Mooresville	Morgan
Compton, George L.	Tipton	Tipton
Compton, Walter A.	Elkhart	Elkhart
Conklin, James O.	Terre Haute	Vigo
Conklin, Raymond L. (S)	Elkhart	Elkhart
Conley, John E. (S)	Fort Wayne	Allen
Conley, Joseph L. (S)	Indianapolis	Marion
Conley, Thomas M.	Kokomo	Howard
Connell, Vactor O.	Bourbon	Marshall
Connelly, Jerry H.	Fort Wayne	Allen
Connelly, Richard D.	Fort Wayne	Allen
Connerley, Marion L.	Terre Haute	Vigo
Connoy, Leo F.	Westfield	Hamilton
Conrad, Everett L.	Brazil	Clay
Conrad, Henry W.	Lawrenceburg	Dearborn-Ohio
Constan, Evan	Westville	LaPorte
Conway, Chester C.	Indianapolis	Marion
Conway, Glenn (S)	Indianapolis	Marion
Conway, Thomas J.	Terre Haute	Vigo
Cook, Gordon C.	South Bend	St. Joseph
Cook, Ian H.	South Africa	Allen
Cook, Melvin D.	New Albany	Floyd
Cook, Robert G.	Bluffton	Wells
Cook, Thomas	Evansville	Vanderburgh
Cookson, Lawrence U.	Indianapolis	Marion
Cooley, Paul P.	Yorktown	Delaware-Blackford
Cooney, Charles J.	Fort Wayne	Allen
Coons, John D. (S)	Lebanon	Boone
Coons, Ritchie	Lebanon	Boone
Cooper, B. Trent	Roanoke	Huntington
Cooper, John F.	Muncie	Delaware-Blackford
Cooper, Leo K.	Gary	Lake
Cooper, Waller W.	Evansville	Vanderburgh
Cope, Stanton E.	Huntington	Huntington
Copher, David E.	Indianapolis	Marion
Corcoran, Patrick J. V.	Evansville	Vanderburgh
Cormican, Herbert L.	Elkhart	Elkhart
Cornacchione, Matthew	Indianapolis	Marion
Cornog, John L. Jr.	Indianapolis	Marion
Corpe, Kenneth F.	Rushville	Rush
Corrao, Thomas J.	Jeffersonville	Clark
Cortese, James V.	Indianapolis	Marion
Cortese, Thomas A., Jr.	Indianapolis	Marion
Cortese, Thomas A.	Indianapolis	Marion
Cosio, Julio	Jeffersonville	Clark
Costello, Albert J.	Munster	Lake
Costin, Robert L.	Indianapolis	Marion
Cotter, Edward R.	Hammond	Lake
Cottrell, Robert F.	Fort Wayne	Allen

Name	City	County
Coughenour, J. Robert	Indianapolis	Marion
Countryman, Frank W.	Indianapolis	Marion
Coursey, James O., Jr.	Argos	Marshall
Covalt, Wendell E.	Muncie	Delaware-Blackford
Covell, Harry M.	Auburn	DeKalb
Covey, Thomas J.	Valparaiso	Porter
Cox, Alfred C.	South Bend	St. Joseph
Cox, J. Bruce	Evansville	Vanderburgh
Cox, Larry	Evansville	Vanderburgh
Cox, Leon T. (S)	Richmond	Wayne-Union
Coyner, Alfred B. (S)	Lafayette	Tippecanoe
Craft, Kenneth L. (S)	Indianapolis	Marion
Craig, Alexander F.	Indianapolis	Marion
Craig, Harry L.	Huntingburg	Dubois
Craig, Reuben	Kokomo	Howard
Craig, Richard M.	Fort Wayne	Allen
Craig, Robert A.	Syracuse	Elkhart
Crane, David G.	Bloomington	Owen-Monroe
Crawford, James H.	Evansville	Vanderburgh
Crawford, John A.	Indianapolis	Marion
Crawford, Theodore R.	Kokomo	Howard
Creek, Jean A.	Bloomington	Owen-Monroe
Crevello, Albert J.	Evansville	Vanderburgh
Cripe, Earl P.	Bremen	Elkhart
Cripe, William H.	Portland	Jay
Crise, John R.	Portage	Porter
Crist, John R.	Mt. Vernon	Posey
Cristee, James W.	Terre Haute	Vigo
Crockett, Wayne A.	Terre Haute	Vigo
Cron, William J.	Indianapolis	Marion
Cronin, H. Joseph	Indianapolis	Marion
Crosby, Reid C.	Bedford	Lawrence
Cross, David G.	Indianapolis	Marion
Crossin, James A.	Indianapolis	Marion
Crouse, Ben E.	Mulberry	Tippecanoe
Crowder, James H.	Sullivan	Sullivan
Crudden, Charles H.	Evansville	Vanderburgh
Cuff, Steve C.	Fort Wayne	Allen
Culbertson, Clyde G.	Nashville	Marion
Cullen, P. Kent, Jr.	Santa Barbara, Calif.	Marion
Cullison, John L.	Muncie	Delaware-Blackford
Cullnane, Chris W.	Evansville	Vanderburgh
Culp, John E.	Fort Wayne	Allen
Cumming, James R.	Indianapolis	Marion
Cummins, Douglas F.	Indianapolis	Marion
Cunningham, Robert D.	Marion	Grant
Cure, Charles W.	Indianapolis	Marion
Cure, Elmer T. (S)	Muncie	Delaware-Blackford
Cureton, Edw. E.	Bloomington	Owen-Monroe
Curiel, Hector J.	Richmond	Wayne-Union
Currie, Robert W.	Indianapolis	Marion
Curry, R. Louis	Indianapolis	Marion
Curtner, Myron L. (S)	Vincennes	Knox
Cusick, James A.	Indianapolis	Marion
Custodio, Alexander O.	Gary	Lake
Cuthbert, Marvin P.	Indianapolis	Marion
Czenkusch, Helen G.	Indianapolis	Marion

D

Name	City	County
Dacquisto, Michael P.	Zionsville	Marion
Daggy, James R.	Richmond	Wayne-Union
Dahling, Clemens W.	New Haven	Allen
Dahling, Fred W.	New Haven	Allen
Dainko, Alfred J.	East Chicago	Lake
Daley, Edward H.	Indianapolis	Marion
Dallas, Fred R.	Indianapolis	Marion
Dallas, Mary E.	Indianapolis	Marion
Dalton, Naomi L.	Bloomington	Owen-Monroe
Dalton, William W.	Indianapolis	Marion
Dalton, Wilson L.	Shelbyville	Shelby
Daly, Joseph M.	Indianapolis	Marion
Daly, Walter J.	Indianapolis	Marion
Daniel, John C. (S)	Laguna Hills, Calif.	Marion
Daniel, Robert A.	Gary	Lake
Dannacher, William D.	Wabash	Wabash
Darbro, David A.	Indianapolis	Marion
Darling, Dorothy R.	Gary	Lake
Das, Amal K.	Kokomo	Howard
Datzman, Basil J.	La Porte	La Porte
Datzman, Richard C.	Fort Wayne	Allen
Daugherty, Forest D.	Columbus	Bartholomew-Brown
Daugherty, Fred N. (S)	Crawfordsville	Montgomery
Dauscher, Dean D.	Fort Wayne	Allen
Davidson, Charles O.	Gary	Lake
Davidson, Dale A.	Indianapolis	Marion
Davidson, Harold H.	Evansville	Vanderburgh
Davidson, N. Cort	Indianapolis	Marion
Davis, Bennie L.	Indianapolis	Marion
Davis, Carl M. (S)	Valparaiso	Porter
Davis, Claude E.	Angola	Steuben
Davis, Edward A.	South Bend	St. Joseph
Davis, Grayson B.	Lafayette	Tippecanoe
Davis, Howard B.	Lafayette	Tippecanoe
Davis, John A.	Flat Rock	Shelby
Davis, Joseph B.	Marion	Grant
Davis, Kenneth D.	Evansville	Vanderburgh
Davis, Larry M.	Indianapolis	Marion
Davis, Margaret M.	Indianapolis	Marion
Davis, Marvin R.	Columbus	Bartholomew-Brown
Davis, Merrill S. (S)	Marion	Grant
Davis, Paul E.	Terre Haute	Vigo
Davis, Sam J.	Indianapolis	Marion
Day, William D. C.	Seymour	Jackson-Jennings
Dayson, Louie O.	Vincennes	Knox
Deacon, Walter E.	Indianapolis	Marion
Deal, Eleanor H.	Speedway City	Marion
Dean, Donald I.	Rushville	Rush
Deanovic, Frank W.	Richmond	Wayne-Union
Dearmin, Robert M. (S)	Indianapolis	Marion
DeArmond, Murray (S)	Indianapolis	Marion
De Bois, Elon	Gary	Lake
DeBrota, John, Jr.	Indianapolis	Marion
Decatur, David R.	Indianapolis	Marion
Deery, Michael F.	Culver	Marshall
Deever, John W.	Indianapolis	Marion
DeFries, John J.	New Paris	Elkhart
DeGrazia, Eugene J.	Valparaiso	Porter
DeJesus, Jose R., Jr.	Plymouth	Marshall
Dehner, John R.	Richmond	Wayne-Union
Deitch, Robert D.	Indianapolis	Marion
de la Cotera, Frederick G.	Munster	Lake
DeMelo, Luiz P.	Merrillville	Lake
DeMotte, C. Bowen (S)	Greenwood	Marion
DeNaut, James F.	Knox	Starke
Denham, Robert H.	South Bend	St. Joseph
Denny, Forrest L.	Indianapolis	Marion
Denny, James W.	Indianapolis	Marion
Denny, Melvin H.	Anderson	Madison
Denton, Larkin D.	Greentown	Howard
Denzer, Edward K.	Evansville	Vanderburgh
Denzer, William O.	Evansville	Vanderburgh
Deogracias, Francisco D.	Edinburg	Johnson
DePorter, Louis A.	Munster	Lake
Deppe, Charles F.	Franklin	Johnson
Derhammer, George L.	Brookston	Tippecanoe
DeRosa, G. Paul	Indianapolis	Marion
Dersch, David M.	Muncie	Delaware-Blackford
Deschamps, Domenico J.	Gary	Lake

Name	City	County
Dester, Herbert E. (S)	Berne	Adams
Dettloff, Frederick R.	Greencastle	Putnam
Dettmer, Robert W.	Birmingham, Ala.	Marion
Deupree, William D.	Shelbyville	Shelby
Deur, Julius J.	Lafayette	Tippecanoe
Devetski, Robert L.	South Bend	St. Joseph
DeVoe, Kenneth R.	South Bend	St. Joseph
DeWees, Dwight L.	Indianapolis	Marion
DeWester, Gerald M.	Indianapolis	Marion
Diamond, Jack L.	Evansville	Vanderburgh
Dian, August J.	Logansport	Cass
Dickerson, W. Martin	Monticello	White
Dickson, Carolyn L.	Indianapolis	Marion
Dickson, Dale D.	Greensburg	Decatur
Dieckman, Herbert S.	Evansville	Vanderburgh
Dierdorf, Fred W.	Terre Haute	Vigo
Dierolf, Edward J.	Gary	Lake
Dieter, William J. (S)	Westville	La Porte
Dietl, Ernest L.	South Bend	St. Joseph
Dietz, David J.	Muncie	Delaware-Blackford
Dill, Charles W.	Beech Grove	Marion
Dill, Myron K.	Indianapolis	Marion
Dillman, Carl E.	Corydon	Harrison-Crawford
Dillon, John F.	Indianapolis	Marion
Dilts, Robert L.	Indianapolis	Marion
Dimailig, Gregorio H.	East Chicago	Lake
Dimitroff, Lambro	Calumet City, Ill.	Lake
Dimmett, James D.	Vienna, Va.	Warrick
Dingle, Paul E.	Richmond	Wayne-Union
Dingley, Albert F.	South Bend	St. Joseph
Dininger, William S. (S)	Winchester	Randolph
Dino, Florian S.	Bedford	Lawrence
Dintaman, Paul G.	Indianapolis	Marion
Dirks, Kenneth R.	Washington, D.C.	Marion
Disney, Charles T.	Gary	Lake
Dittmer, Jack E.	Valparaiso	Porter
Dittmer, Thomas L.	Valparaiso	Porter
Dixon, Rex W.	Anderson	Madison
Dizon, Belen R.	Hammond	Lake
Dizon, Gualberto R., Jr.	East Chicago	Lake
Doan, John E.	Decatur	Adams
Dodd, Robert D.	South Bend	St. Joseph
Dodd, Roberts K.	Evansville	Vanderburgh
Dodds, James U.	Hartford City	Delaware-Blackford
Dodds, Wemple	Crawfordsville	Montgomery
Doenges, James L.	Anderson	Madison
Doermann, Paul E.	Huntington	Huntington
Doherty, Raymond J.	Merrillville	Lake
Dolan, Patrick A.	Indianapolis	Marion
Doles, Ted S.	Middletown	Madison
Dolezal, Bernard J.	South Bend	St. Joseph
Domingo, Ricardo C.	Greensburg	Decatur
Donahue, Francis E.	Dublin	Henry
Donahue, George R. (S)	Lafayette	Tippecanoe
Donahue, James M.	Indianapolis	Marion
Donaldson, Frank C.	Anderson	Madison
Donaldson, Miles W.	Marion	Grant
Donato, Albert M.	Indianapolis	Marion
Donchess, Joseph C.	Gary	Lake
Donesa, Antonio B.	Fort Wayne	Allen
Doneff, Ronald H.	Gary	Lake
Donnally, George A.	Geneva	Jay
Donnelly, Everett F.	South Bend	St. Joseph
Donnelly, Robert W.	Indianapolis	Marion
Doran, J. Hal	Indianapolis	Marion
Dorrance, Thomas O.	Bluffton	Wells
Doss, Jerome F.	Kokomo	Howard
Doughty, Samuel R., Jr.	Indianapolis	Marion
Douglas, William T.	Indianapolis	Marion
Doumanian, Heratch O.	Gary	Lake
Dovey, Edward G.	Elkhart	Elkhart
Dowell, Emil H. (S)	Rockville	Parke-Vermillion
Downer, Luther H.	Evansville	Vanderburgh
Downs, Kenneth R.	East Chicago	Lake
Dragomer, Andrei S.	Munster	Lake
Dragoo, John R.	Wabash	Wabash
Drake, Dale W.	Evansville	Vanderburgh
Drake, Ellery T.	Martinsville	Morgan
Drake, James R.	Anderson	Madison
Drake, John C.	Anderson	Madison
Drake, Marion C.	Elwood	Madison
Drennen, Robert V.	Anderson	Madison
Drummy, William W.	Terre Haute	Vigo
Dryden, Gale E.	Indianapolis	Marion
Dublin, Madeline P.	Francesville	Tippecanoe
DuBois, Charles C. (S)	Warsaw	Kosciusko
Dubois, Don R.	Indianapolis	Marion
DuBois, Ramon B.	Lafayette	Tippecanoe
Ducanes, Arnold D.	Greensburg	Decatur
Dudgeon, Charles A.	Hartford City	Delaware-Blackford
Duffy, James O.	Muncie	Delaware-Blackford
Dugan, John R.	Indianapolis	Marion
Dugan, Thomas	Columbus	Bartholomew-Brown
Dugan, William M., Jr.	Indianapolis	Marion
Dukes, Betty	Dugger	Sullivan
Dukes, David J.	Corydon	Harrison-Crawford
Dukes, Joe	Dugger	Sullivan
Dulin, Basil B.	Anderson	Madison
Dumanian, Ara V.	East Chicago	Lake
Dunbar, Fred E.	Marion	Grant
Duncan, John S. (S)	Gary	Lake
Duncan, Raymond	Bedford	Lawrence
Duncan, Stuart J.	Indianapolis	Marion
Duncan, William A.	Indianapolis	Marion
Dunham, Henry H.	Wabash	Wabash
Dunkin, Ramon S.	Indianapolis	Marion
Dunlap, D. Logan	South Bend	St. Joseph
Dunn, Latimer E.	Sullivan	Sullivan
Dunning, Preston M.	East Chicago	Lake
Dunning, Thomas W.	Muncie	Delaware-Blackford
Dunstone, Harry C.	Fort Wayne	Allen
Dupler, Lee F.	Frankfort	Clinton
Duque, Fausto	Jeffersonville	Clark
Durham, Lowell J.	La Porte	La Porte
Durham, Thomas E.	Elkhart	Elkhart
Durkee, Melvin S.	Evansville	Vanderburgh
Dusard, Joseph C.	Bedford	Lawrence
DuSold, Donald D.	Merrillville	Lake
Dutchman, William R.	Muncie	Delaware-Blackford
Dyar, Edwin W.	Indianapolis	Marion
Dyar, Robert W.	Indianapolis	Marion
Dycus, Walter A.	Evansville	Vanderburgh
Dye, Cloyd L.	New Castle	Henry
Dye, William E.	Oakland City	Gibson
Dyer, George W.	Terre Haute	Vigo
Dyer, Wallace K.	Evansville	Vanderburgh
Dyke, Richard W.	Indianapolis	Marion
Dyken, Mark L.	Indianapolis	Marion
Dykhuizen, Theodore A.	Frankfort	Clinton
Dziabis, Marvin D.	North Manchester	Wabash

E

Name	City	County
Eades, R. Charles	South Bend	St. Joseph
Earl, Max M.	Kokomo	Howard
Earp, Evanson B. (S)	Indianapolis	Marion
Easter, James N.	New Castle	Henry
Eastman, Joseph R., Jr.	Indianapolis	Marion
Eaton, Edwin R.	Indianapolis	Marion

Name	City	County
Eaton, Lyman D.	Indianapolis	Marion
Eaton, Marion J.	Lafayette	Tippecanoe
Ebbinghouse, Tom	Richmond	Wayne-Union
Ebert, J. Wayne (S)	Indianapolis	Marion
Ebin, Judah L.	Evansville	Vanderburgh
Echeverria, Rodolfo E.	Elkhart	Elkhart
Echsner, Herman J.	Columbus	Bartholomew-Brown
Echt, Charles R.	Indianapolis	Marion
Eckert, Russell A.	Logansport	Cass
Edmonds, Kendrick	Bedford	Lawrence
Edwards, Bernard E.	South Bend	St. Joseph
Edwards, Henry G.	Terre Haute	Vigo
Edwards, J. Robert	Auburn	DeKalb
Edwards, Judith A.	Indianapolis	Marion
Edwards, William F.	New Albany	Floyd
Edwards, Wendell L.	Indianapolis	Marion
Egan, Sherman L.	South Bend	St. Joseph
Egbert, Herbert L.	Indianapolis	Marion
Egger, Ross L.	Daleville	Delaware-Blackford
Eggers, Ernest L. (S)	Hammond	Lake
Eggers, Henry W.	Munster	Lake
Eggers, Richard R.	Crawfordsville	Montgomery
Egnatz, Charles D.	Schererville	Lake
Egnatz, Nicholas	Hammond	Lake
Eicher, Palmer O.	Indianapolis	Marion
Eiler, Paul A.	North Manchester	Wabash
Eisaman, Jack L.	Bluffton	Wells
Eisenberg, David A.	Martinsville	Morgan
Eldridge, Gail E.	Indianapolis	Marion
El Issa, Sa'D	Terre Haute	Vigo
Elkins, James P.	Indianapolis	Marion
Elleman, John H.	Kokomo	Howard
Eller, Alvan L.	Flora	Carroll
Ellett, John, Jr.	Coatesville	Putnam
Elliott, John T.	Indianapolis	Marion
Elliott, Paul W.	Lafayette	Tippecanoe
Elliott, Thomas A.	Elkhart	Elkhart
Elliott, William C.	Indianapolis	Marion
Ellis, Charles R.	Bloomington	Owen-Monroe
Ellis, David L.	Wabash	Wabash
Ellis, Davis W., Jr.	Rushville	Rush
Ellis, Forrest D.	Indianapolis	Jackson-Jennings
Ellis, George M.	Connersville	Fayette-Franklin
Ellis, Lyman H.	Lizton	Hendricks
Ellis, Seth W. (S)	Cincinnati, Ohio	Madison
Ellis, William N.	Indianapolis	Marion
Elshoff, Donald V.	Evansville	Vanderburgh
Elshout, Clem H.	La Porte	La Porte
Elsten, Aubrey W.	Anderson	Madison
Elston, Lynn W. (S)	Fort Wayne	Allen
Elston, Ralph W. (S)	Fort Wayne	Allen
Elward, Carl J.	Wabash	Wabash
Ely, Cecil W.	Jeffersonville	Clark
Emery, Charles B.	Bedford	Lawrence
Emery, Charles B., Jr.	Bloomington	Owen-Monroe
Emhardt, John T.	Indianapolis	Marion
Emme, Richard W.	Harlan	Allen
Encinas, Senen J.	English	Dubois
Endicott, Wayne H.	Greenfield	Hancock
Engel, Edgar L.	Evansville	Vanderburgh
Engel, Howard R.	South Bend	St. Joseph
Engeler, James E.	Lafayette	Tippecanoe
English, Hubert M. (S)	Gary	Lake
English, John P.	South Bend	St. Joseph
Ensey, Philip L.	Terre Haute	Vigo
Entner, Charles L.	Dunkirk	Jay
Epps, James H.	Fort Wayne	Allen
Erdel, Milton W.	Frankfort	Clinton
Erehart, Mark G. (S)	Huntington	Huntington
Erhart, Herbert	Huntingburg	Dubois
Erickson, Gustaf W.	South Bend	St. Joseph
Ericson, Harold L.	Windfall	Tipton
Ericson, Homer S.	Kokomo	Howard
Erwin, W. Robert	La Porte	La Porte
Eskew, Kenneth W.	Sullivan	Sullivan
Esparza, Higinio S.	Indianapolis	Marion
Espino, Jose C.	Munster	Lake
Espy, Theodore R.	Gary	Lake
Estacio, Romeo Y.	Munster	Lake
Estes, Ambrose C.	Bloomington	Owen-Monroe
Eugenides, Tatiana	Highland	Lake
Evans, Daniel R.	Valparaiso	Porter
Evans, David L.	Lafayette	Tippecanoe
Evans, Frederick H.	Indianapolis	Marion
Evans, Frederick J.	Clinton	Parke-Vermillion
Evans, Paul V.	Indianapolis	Marion
Everly, Ralph V.	Indianapolis	Marion
Eviston, John B. (S)	Huntington	Huntington
Ewing, Nathaniel D.	Vincennes	Knox

F

Name	City	County
Fadul, Armand	Merrillville	Lake
Failey, Robert B., Jr.	Indianapolis	Marion
Fajardo, Manuel	Ferdinand	Dubois
Farag, Rafik S.	Peru	Miami
Farahmand, Firouz	Portage	Porter
Fargher, Francis M.	Michigan City	La Porte
Farid, Rahim S.	Brazil	Clay
Farinas, Cirilo	Hammond	Lake
Faris, James V.	Indianapolis	Marion
Farmer, Charles R.	Indianapolis	Daviess-Martin
Farner, James E.	South Bend	St. Joseph
Farnsworth, Samuel A.	La Porte	La Porte
Farquhar, John S., Jr.	Fort Wayne	Allen
Farr, James C.	Bloomington	Owen-Monroe
Farrell, John J., Jr.	Greenfield	Hancock
Farrell, Joseph T.	Indianapolis	Marion
Farris, John J.	Indianapolis	Daviess-Martin
Faul, Henry J.	Evansville	Vanderburgh
Faulkner, Donald J.	Culver	Marshall
Fausset, C. Basil	Indianapolis	Marion
Faust, Howard M., Jr.	Anderson	Madison
Faw, Melvin L.	Evansville	Vanderburgh
Fawcett, Kenneth J.	South Bend	St. Joseph
Fear, Olan D.	Elkhart	Elkhart
Fechtman, William F.	Indianapolis	Marion
Feeney, Martin T.	Indianapolis	Marion
Feferman, Martin E.	South Bend	St. Joseph
Feinberg, Irwin	East Chicago	Lake
Feinn, Harry S.	La Porte	La Porte
Feldman, Max	South Bend	St. Joseph
Feldner, Ronald P.	Munster	Lake
Fell, Robert M.	Rosedale	Parke-Vermillion
Fenneman, Robert J.	Evansville	Vanderburgh
Fenstermacher, Robert E.	Walkerton	St. Joseph
Ferguson, Arthur N. (S)	Fort Wayne	Allen
Ferguson, Stephen C.	Evansville	Vanderburgh
Ferguson, William B.	Lafayette	Tippecanoe
Ferrara, Donald W.	Peru	Miami
Ferrara, Joseph F.	Franklin	Johnson
Ferrara, Samuel J.	Peru	Miami
Ferree, Mary M.	San Francisco, Calif.	Marion
Ferrell, Mars B.	Fortville	Madison

Name	City	County
Ferry, Francis A.	Indianapolis	Marion
Ferry, John L.	Hammond	Lake
Fessler, Gordon S.	Rising Sun	Dearborn-Ohio
Fetrow, Kenneth O.	Munster	Lake
Fiacable, Joseph P.	Fort Wayne	Allen
Fichman, Abraham M.	Fort Wayne	Allen
Fiederlein, Frederick J.	Muncie	Delaware-Blackford
Fields, Don C.	Lafayette	Tippecanoe
Fields, Donald L.	Kokomo	Howard
Fields, Max L.	Monticello	White
Filipek, Walter J.	South Bend	St. Joseph
Finfrock, James D.	Elkhart	Elkhart
Finneran, Joseph C.	Indianapolis	Marion
Fipp, August L. (S)	Rome City	Noble
Firestein, Ben Z.	South Bend	St. Joseph
Firestein, Ray	South Bend	St. Joseph
Fisch, Charles	Indianapolis	Marion
Fischer, A. Alan	Indianapolis	Marion
Fischer, Burnell	Hammond	Lake
Fischer, Warren E.	Anderson	Madison
Fiscus, Clifford W.	Warsaw	Kosciusco
Fish, Clyde M. (S)	Edwardsburg, Mich.	St. Joseph
Fish, Edson C.	South Bend	St. Joseph
Fish, James C.	Logansport	Cass
Fisher, Forrest	Gary	Lake
Fisher, Gerald E.	Lebanon	Marion
Fisher, Henry	Marion	Grant
Fisher, John E.	New Castle	Henry
Fisher, Pierre J., Jr.	Marion	Grant
Fisher, William P.	Indianapolis	Marion
Fitzgerald, Brice E.	W. Lafayette	Tippecanoe
Fitzgerald, William J.	Indianapolis	Marion
Fitzkee, William E.	Albion	Noble
Fitzpatrick, H. W. (S)	Elwood	Madison
Fitzpatrick, James S.	Portland	Jay
Fitzpatrick, William J.	Munster	Lake
Flack, Russell A.	Woodland Hills, Calif.	Tippecanoe
Flaherty, Robert A.	Fort Wayne	Allen
Flanagan, Paul M.	Indianapolis	Marion
Flanders, Robert, Jr.	Indianapolis	Marion
Flanigan, Meredith B.	Indianapolis	Marion
Flannigan, Harley F.	LaGrange	LaGrange
Fleischer, Jacob C.	East Chicago	Lake
Fleischl, Herbert	Indianapolis	Marion
Flick, John J.	Indianapolis	Marion
Flora, Fred W.	Frankfort	Clinton
Flora, Joseph O.	Indianapolis	Marion
Florcruz, Arturo R.	Highland	Lake
Floyd, Malcolm S.	Vincennes	Knox
Foley, Hansel O.	South Bend	St. Joseph
Foley, Phillip D.	Middletown	Madison
Folkening, Mark N.	Plainfield	Hendricks
Fong, Theodore C. C.	Madison	Jefferson-Switzerland
Forbes, Violet Crabbe	Wolcott	White
Forchetti, John A.	Chesterton	Porter
Forrest, O. Norman, Jr.	South Bend	St. Joseph
Forsee, Norman E.	Jeffersonville	Clark
Fortner, Ray E.	Columbus	Bartholomew-Brown
Fortuna, Frank W.	Beech Grove	Marion
Fosbrink, Ephraim L.	Syracuse	Elkhart
Fosgate, Harold L.	Indianapolis	Marion
Foster, John A.	Lafayette	Tippecanoe
Foster, Lee N.	Carmel	Marion
Foster, Lowell G.	Indianapolis	Marion
Foster, Ray D.	Indianapolis	Marion
Foster, Ray T.	New Castle	Henry
Foster, Robert H. K.	Franklin	Johnson
Fountaine, Thomas J.	Bedford	Lawrence
Fouts, Paul J.	Indianapolis	Marion
Fowler, R. Ross	Bloomington	Owen-Monroe
Fox, Jack M.	Munster	Lake
Fox, Richard F.	Fort Wayne	Allen
Foy, Thomas D.	Fort Wayne	Allen
Frable, Frank L., Jr.	Lawrenceburg	Dearborn-Ohio
Frahm, Charles	East Chicago	Lake
France, Lloyd C.	Plymouth	Marshall
Franco, James M.	Evansville	Vanderburgh
Frank, Herbert	South Bend	St. Joseph
Frank, John R. (S)	Valparaiso	Porter
Frank, Lyall, Jr.	South Bend	St. Joseph
Frank, Lyall L. (S)	South Bend	St. Joseph
Franken, E.A., Jr.	Indianapolis	Marion
Frankhouser, Charles M. A., Jr.	Fort Wayne	Allen
Franklin, William L.	Indianapolis	Marion
Frankowski, Clementine	Whiting	Lake
Franks, Larry C.	Indianapolis	Marion
Franz, Sherman G.	Columbus	Bartholomew-Brown
Frasch, Mahlon G.	Lafayette	Tippecanoe
Frash, DeVon W., Jr.	South Bend	St. Joseph
Frazier, John L.	Kokomo	Howard
Freeby, C. William	Decatur	Adams
Freed, Carl A.	Indianapolis	Marion
Freed, John E.	Terre Haute	Vigo
Freeman, Max E.	Carmel	Marion
French, Richard N.	Indianapolis	Marion
Fretz, Richard C.	Kokomo	Howard
Frey, Harley H., Jr.	Lafayette	Tippecanoe
Frey, William B.	South Bend	St. Joseph
Friedman, Isadore E.	Hammond	Lake
Friedman, Morris S.	South Bend	St. Joseph
Frieske, David A.	Munster	Lake
Fritch, John M.	Lafayette	Tippecanoe
Frith, Louis G.	South Bend	St. Joseph
Froderman, Stanley E.	Brazil	Clay
Fromhold, Willis A.	Indianapolis	Marion
Frost, Robert J.	Michigan City	La Porte
Fry, Robert D.	Indianapolis	Marion
Fuelling, James L.	Marion	Grant
Fugelso, Erling S.	Bloomington	Owen-Monroe
Fullam, Richard G.	Fort Wayne	Allen
Fuller, Robert G.	Columbus	Bartholomew-Brown
Fulton, William H.	Indianapolis	Marion
Fundenberger, Martin	Indianapolis	Marion
Furr, Jack D.	Kingman	Fountain-Warren
Fuson, Wenfred J.	Greencastle	Putnam
Futterknecht, James O.	Elkhart	Elkhart

G

Name	City	County
Gabe, William E. (S)	Orinda, Calif.	Marion
Gabovitch, Edward R.	Indianapolis	Marion
Gaboya, Ruben R.	Bunker Hill	Miami
Gabriel, Magdi	Mishawaka	St. Joseph
Gabrielsen, Ted H.	Indianapolis	Marion
Gaddy, Euclid T. (S)	Indianapolis	Marion
Gaddy, Nelson D.	Indianapolis	Marion
Gaffney, Raymond	South Bend	St. Joseph
Gahimer, Joe E.	Anderson	Madison
Gailey, Ivan L.	Hatfield	Spencer
Galante, Albert	Munster	Lake
Galante, Gloria	Munster	Lake
Galliher, Marjorie J.	Muncie	Delaware-Blackford
Gambill, William D.	Indianapolis	Marion
Gammell, Lindley L.	Columbus	Bartholomew-Brown
Gangi, Nasfar	Warsaw	Kosciusko
Ganser, Ralph V.	South Bend	St. Joseph
Ganser, Richard A.	Mishawaka	St. Joseph
Ganz, Max	Marion	Grant

Name	City	County
Garber, J. Neill	Indianapolis	Marion
Garceau, George J. (S)	Indianapolis	Marion
Garcia, Manuel G.	Batesville	Ripley
Gard, Daniel A.	Indianapolis	Marion
Gardiner, H. Glenn	Kennedy Space Center, Fla.	Lake
Gardiner, Sprague H.	Indianapolis	Marion
Gardner, Austin L.	Indianapolis	Marion
Gardner, Buckman	Indianapolis	Marion
Gardner, Melvin D.	Michigan City	La Porte
Gardner, Russell A.	Michigan City	La Porte
Garfield, Martin D.	Indianapolis	Marion
Garland, Edgar A.	Evansville	Vanderburgh
Garner, W. Stanley	Indianapolis	Marion
Garner, William H., Jr.	New Albany	Floyd
Garner, William H., Sr. (S)	New Albany	Floyd
Garrett, Robert A.	Indianapolis	Marion
Garrison, James L.	Cumberland	Hancock
Garrison, Leon J. (S)	Marion	Grant
Garst, Garland R.	Louisville, Ky.	Vanderburgh
Garton, Harry W. (S)	Fort Wayne	Allen
Garvin, Donald B.	Brazil	Clay
Gastineau, David C.	Fort Wayne	Allen
Gates, George E.	South Bend	St. Joseph
Gattman, G. Beach	Elkhart	Elkhart
Gatzimos, Christos D.	Wabash	Wabash
Gaul, L. Edward	Evansville	Vanderburgh
Gaunt, Everett W.	Alexandria	Madison
Gaurano, Lauro M.	Indianapolis	Marion
Geckler, Charles E.	Muncie	Delaware-Blackford
Gehres, Robert W. (S)	Shelbyville	Shelby
Gehring, Thomas A.	Merrillville	Lake
Geick, Raymond G.	Fort Branch	Gibson
Geider, Roy A.	Indianapolis	Marion
Geiger, Dillon D.	Bloomington	Owen-Monroe
Geisler, Hans E.	Indianapolis	Marion
Geller, Samuel	Evansville	Vanderburgh
Genna, Mary E. Miller	Hale's Corners, Wis.	Marion
Gentile, Jonathan P.	Fort Wayne	Allen
George, Charles L.	Indianapolis	Marion
Gerding, William J.	Fort Wayne	Allen
Gerig, Eldon L.	Mishawaka	St. Joseph
Gerrish, Donald A.	Terre Haute	Vigo
Gerth, Robert E.	Indianapolis	Marion
Gery, Richard E.	Lafayette	Tippecanoe
Getty, William H.	Evansville	Vanderburgh
Gevirtz, Milton B. (S)	Hammond	Lake
Gholz, Lawrence M.	Anderson	Madison
Gibbs, Joseph W.	Martinsville	Hendricks
Gibson, Alois E.	Richmond	Wayne-Union
Gibson, Greta Maxine	Indianapolis	Marion
Gibson, Robert K.	Muncie	Delaware-Blackford
Gick, Herman H. (S)	Indianapolis	Marion
Giffin, Charles S.	Fort Wayne	Allen
Gifford, J. Dean	Wabash	Wabash
Gilbert, Robert G.	Cannelton	Perry
Gill, Dee D.	Leesburg	Elkhart
Gill, D. Richard	Huntington	Huntington
Gillen, Howard W.	Indianapolis	Marion
Gilles, Pierre	Gary	Lake
Gillespie, Charles F.	Indianapolis	Marion
Gillespie, Garland R.	Brownstown	Jackson-Jennings
Gillespie, Jacob E.	Indianapolis	Marion
Gillim, Parvin D.	Indianapolis	Marion
Gillum, Eugene M.	Portland	Jay
Gilman, Marcus M. (S)	South Bend	St. Joseph
Gilmore, Robert W.	Michigan City	La Porte
Gilmore, Russell A. (S)	Michigan City	La Porte
Gingerick, Charles M.	Liberty Center	Wells
Ginsherman, A. B.	Madison	Jefferson-Switzerland
Giorgio, Douglas J.	Evansville	Vanderburgh
Giragos, Henry G.	East Chicago	Lake
Girod, Arthur H.	Decatur	Adams
Girod, Donald A.	Indianapolis	Marion
Gish, Howard M.	Brookston	Tippecanoe
Gitlin, William A.	Bluffton	Wells
Given, E. H.	Michigan City	LaPorte
Given, Gilbert Z.	East Chicago	Lake
Glackman, John C., Jr.	Rockport	Spencer
Glassley, Stephen H.	Fort Wayne	Allen
Glendening, Richard L.	Logansport	Cass
Glock, Maurice E.	Fort Wayne	Allen
Glock, Steven R.	Fort Wayne	Allen
Glock, Wayne R.	Marco Island, Fla.	Allen
Glover, John L.	Indianapolis	Marion
Goebel, Carl W.	Fort Wayne	Allen
Godersky, George E.	South Bend	St. Joseph
Godersky, Lois G.	South Bend	St. Joseph
Goetcheus, Janell A.	Upland	Grant
Gold, Marvin E.	Valparaiso	Porter
Goldberg, Harold B.	Gary	Lake
Golden, W. Y.	Jeffersonville	Clark
Goldenburg, Mitchell E.	Munster	Lake
Golding, Robert F.	Gary	Lake
Goldman, Samuel	Indianapolis	Marion
Goldsmith, David A.	Marion	Grant
Goldstone, Adolph	Gary	Lake
Goldstone, Arthur	Gary	Lake
Goldstone, Joseph (S)	Gary	Lake
Goldstone, Robert J.	Gary	Lake
Goldstone, Sidney R.	Gary	Lake
Golper, Marvin N.	Kokomo	Howard
Gomez, Cesar M.	Munster	Lake
Gonzales, Raul C.	Bedford	Lawrence
Gonzales, Sesinando A.	Highland	Lake
Gonzales, Alfredo B.	Indianapolis	Marion
Good, Richard P.	Kokomo	Howard
Goode, Robt.	Knox	Starke
Goodell, Charles L.	Muncie	Delaware-Blackford
Goodman, Eli	Charlestown	Clark
Goodman, Hubert T. (S)	Terre Haute	Vigo
Goodman, Julius M.	Indianapolis	Marion
Goodrum, William R.	Cayuga	Parke-Vermillion
Goodwin, Thomas	Gary	Lake
Gootee, Francis H.	Jasper	Dubois
Gootee, Thomas H.	Jasper	Dubois
Gordon, Harry Wm.	Shelbyville	Shelby
Gordon, Joseph L. (S)	Wheeler	Porter
Gordon, Mark	Munster	Lake
Gorelik, Marcos	Munster	Lake
Gorham, Charles E.	New Paris	Elkhart
Gormley, Joseph J.	Indianapolis	Marion
Gosman, James H.	Indianapolis	Marion
Gossard, Meredith B.	Tipton	Tipton
Gossom, Donn R.	Terre Haute	Vigo
Gould, John C.	Fort Wayne	Allen
Gourieux, E. De Verre	Evansville	Vanderburgh
Graber, Alvin R.	Nappanee	Elkhart
Graber, Virgil R.	Elkhart	Elkhart
Grabow, Emil F.	Munster	Lake
Graessle, Harold P. (S)	Seymour	Jackson-Jennings
Graf, Jerome A.	Bloomfield	Greene
Graf, Russell E.	Bluffton	Wells
Graf, John P.	South Bend	St. Joseph
Graham, Edward W.	Indianapolis	Marion
Graham, George M.	Fort Wayne	Allen
Graham, James C.	Fort Wayne	Allen
Graham, John D.	Indianapolis	Marion
Graham, William E.	Indianapolis	Marion
Grant, Benjamin F.	Gary	Lake
Grant, M. Arthur	Marion	Grant
Grant, Phyllis A.	New Castle	Henry

Name	City	County
Graves, Noel S.	Madison	Jefferson-Switzerland
Graves, Orville M. (S)	Princeton	Gibson
Gray, Howard R.	Indianapolis	Marion
Gray, Kenneth L.	Indianapolis	Marion
Gray, Leon (S)	Martinsville	Morgan
Gray, William J.	Chesterfield	Madison
Grayson, Fred E.	Munster	Lake
Grayson, Merrill	Indianapolis	Marion
Grayson, Ted L.	Indianapolis	Marion
Green, Frank H., Jr.	Rushville	Rush
Green, G. Richard	South Bend	St. Joseph
Green, George F. (S)	South Bend	St. Joseph
Green, Joseph B.	Indianapolis	Marion
Green, Leonard J.	Valparaiso	Porter
Green, Morris	Indianapolis	Marion
Green, Norval E.	South Bend	St. Joseph
Green, Oscar	Indianapolis	Marion
Green, Robert F.	Fort Wayne	Allen
Green, William L.	Shelbyville	Shelby
Greenberg, Burton H.	East Chicago	Lake
Greenberg, H. L.	Rensselaer	Jasper
Greene, Morgan E.	Indianapolis	Marion
Greene, Robert W.	Rensselaer	Jasper
Greene, William R.	Henryville	Clark
Greenlee, James R.	Bloomington	Owen-Monroe
Greenlee, Joseph A., Jr.	Avilla	Noble
Greenlee, Robert L.	Fort Wayne	Allen
Gregg, Edwin E.	Thorntown	Boone
Gregoline, Amadeo F.	Gary	Lake
Gregoline, Eugene	Gary	Lake
Gregory, Robert L.	Indianapolis	Marion
Greiber, Marvin F.	Muncie	Delaware-Blackford
Greisen, Jack G.	Whiting	Lake
Greist, John H.	Indianapolis	Marion
Grief, James V.	Indianapolis	Marion
Grief, Robert S.	Indianapolis	Marion
Griep, Arthur H.	Evansville	Vanderburgh
Griest, Walter D.	Fort Wayne	Allen
Griffin, Charles G.	Valparaiso	Porter
Griffin, Joseph P.	Chesterton	Porter
Griffin, Leslie W.	Indianapolis	Marion
Griffith, Harold R.	Fort Wayne	Allen
Griffith, James W. (S)	Sheridan	Hamilton
Griffith, Richard S.	Indianapolis	Marion
Griffith, Ross E.	Indianapolis	Marion
Grillo, Donald	South Bend	St. Joseph
Grimes, Eva M.	Indianapolis	Marion
Grimes, Hubert N.	Indianapolis	Marion
Grimm, William C. H., Jr.	Evansville	Vanderburgh
Gripe, Richard P.	Lafayette	Tippecanoe
Grisell, Ted L.	Indianapolis	Marion
Grisell, Ted W.	Indianapolis	Marion
Grorud, Alton C.	South Bend	St. Joseph
Gross, Joseph O.	Munster	Lake
Grosso, William G.	East Chicago	Lake
Grosz, Hanus J.	Indianapolis	Marion
Grothouse, Carl B.	Kokomo	Howard
Gruber, Charles M.	Indianapolis	Marion
Guckien, Joseph L.	Evansville	Vanderburgh
Guevara, Teodoro G.	Marion	Grant
Guild, John K.	Plymouth	Marshall
Guin, Jere D.	Kokomo	Howard
Guinigundo, Noli C.	Brookville	Fayette-Franklin
Gullett, Austin	Columbus	Bartholomew-Brown
Gumbert, Jack L.	Fort Wayne	Allen
Gunderson, Shaun D.	Goshen	Elkhart
Gustafson, Milton H.	Muncie	Delaware-Blackford
Gustaitis, John W.	Whiting	Lake
Guthrie, James R.	Richmond	Wayne-Union
Guthrie, James U.	Peru	Miami
Gutierrez, Peter E.	Crown Point	Lake
Gutman, Gordon	Jeffersonville	Clark
Guttman, John B.	Wakarusa	Elkhart
Gutwein, Gilbert	Lafayette	Tippecanoe
Guzman, Marcelino F.	Morocco	Newton
H		
Haas, Charles F.	Lafayette	Tippecanoe
Haas, Ray A.	Muncie	Delaware-Blackford
Habegger, Elmer D.	Indianapolis	Marion
Hachmeister, Charles W.	Evansville	Vanderburgh
Hackett, Walter G.	Fort Wayne	Allen
Hackney, Victor C.	Indianapolis	Marion
Hadey, James H.	Merrillville	Lake
Hadley, David	Indianapolis	Marion
Haffner, Herman G.	Fort Wayne	Allen
Hagan, Marion L.	French Lick	Orange
Haggard, David B.	Plainfield	Hendricks
Haggerty, Fred E.	Greencastle	Putnam
Hagie, Franklin E.	Richmond	Wayne-Union
Haines, David W.	Virginia Beach, Va.	Delaware-Blackford
Haith, John W.	Gary	Lake
Halaby, Fouad A.	Fort Wayne	Allen
Haley, Alvin J.	Fort Wayne	Allen
Haley, George M.	South Bend	St. Joseph
Haley, Paul E.	South Bend	St. Joseph
Halfast, Richard W.	Kokomo	Howard
Hall, Bernard R.	Logansport	Cass
Hall, Donald L.	Petersburg	Pike
Hall, Jack H.	Indianapolis	Marion
Hall, James M.	South Bend	St. Joseph
Hall, Robert S.	Muncie	Delaware-Blackford
Hall, Thomas C.	Chesterton	Porter
Hall, William R.	Fort Wayne	Allen
Halleck, Harold J.	Winamac	Pulaski
Haller, Robert L.	Kempton	Tipton
Haller, Thomas C.	Crawfordsville	Montgomery
Halum, Ramon G., Jr.	Munster	Lake
Hamburger, Richard J.	Indianapolis	Marion
Hamer, Homer G. (S)	Indianapolis	Marion
Hamer, John	LaGrange	LaGrange
Hamilton, Charles O.	South Bend	St. Joseph
Hamilton, Emory D.	Fort Wayne	Allen
Hamilton, George M.	Fort Wayne	Allen
Hamilton, Howard B.	Indianapolis	Marion
Hamilton, James R. (S)	Mitchell	Lawrence
Hamilton, Thomas	Columbia City	Whitley
Hammel, Howard T.	Bedford	Lawrence
Hammer, Jay W.	Bloomington	Owen-Monroe
Hammer, Michael	East Chicago	Lake
Hammersley, George K.	Frankfort	Clinton
Hammond, R. Case	Evansville	Vanderburgh
Hammond, Stanley	Munster	Lake
Hampshire, Donald R.	Indianapolis	Marion
Hampton, James N.	Argos	Marshall
Han, Daniel	Gary	Lake
Hancock, John G.	Indianapolis	Marion
Haney, Leslie E.	Goshen	Elkhart
Haney, William K.	Lansing, Ill.	Jefferson-Switzerland
Hann, Eldon C.	Indianapolis	Marion
Hannah, Thomas A.	Indianapolis	Marion
Hannah, Jack W.	Elkhart	Elkhart
Hanneken, Vincent J.	Wabash	Wabash
Hannemann, Robert E.	Lafayette	Tippecanoe
Hannon, Edward J.	Greencastle	Putnam
Hansen, Nikolas F.	Valparaiso	Porter
Hanson, Martin F.	Elwood	Madison
Harcourt, Robert S.	Indianapolis	Marion
Hardin, Wayne E.	Ossian	Wells
Harding, John	South Bend	St. Joseph
Harding, M. Richard	Indianapolis	Marion
Harding, Myron S. (S)	Indianapolis	Marion
Hardtke, Eldred F.	Bloomington	Owen-Monroe
Hare, Daniel M.	Evansville	Vanderburgh

Name	City	County
Hare, Earl H. (S)	Indianapolis	Marion
Hare, Francis W., Jr.	Madison	Jefferson-Switzerland
Hare, Laura	Indianapolis	Marion
Harger, Robert W.	Indianapolis	Marion
Hargett, Herbert P.	Jeffersonville	Clark
Hargett, Isaac R.	Evansville	Vanderburgh
Harkness, Robert G. (S)	Terre Haute	Vigo
Harless, Clarence M. (S)	Chesterton	Porter
Harless, O. Fred	Monroeville	Allen
Harlowe, Stuart E.	New Albany	Floyd
Harmon, Carl J.	Richmond	Wayne-Union
Harnden, Hurlbut L.	Madison	Jefferson-Switzerland
Harned, Ben K., Jr.	Evansville	Vanderburgh
Harper, James W.	East Chicago	Lake
Harrell, Ronald R.	Elkhart	Elkhart
Harris, C. Glenn	South Bend	St. Joseph
Harris, Carl B.	Indianapolis	Marion
Harris, George F.	Madison	Jefferson-Switzerland
Harris, James C.	Indianapolis	Marion
Harris, James J.	Fort Wayne	Allen
Harris, Neil R.	Goshen	Elkhart
Harris, Paul N.	Greenfield	Marion
Harris, Robert F.	Noblesville	Hamilton
Harris, Robert L.	Evansville	Vanderburgh
Harshman, James A.	Kokomo	Howard
Harshman, Louis P. (S)	Frankfort	Allen
Harstad, Casper (S)	Rockville	Parke-Vermillion
Harter, Eli B.	Lafayette	Tippecanoe
Hartley, Clarence A., Jr.	Evansville	Vanderburgh
Hartman, John J.	Angola	Steuben
Hartsough, Ralph I.	Lakeville	St. Joseph
Hartz, F. Minton	Evansville	Vanderburgh
Harvey, Bennett B.	Lafayette	Tippecanoe
Harvey, David M.	Munster	Lake
Harvey, Emerson C., Jr.	Burlington	Howard
Harvey, Harry C. (S)	Franklin	Allen
Harvey, John C.	Auburn	DeKalb
Harvey, Ralph J. (S)	Zionsville	Boone
Harvey, Verne K., Jr.	Indianapolis	Marion
Harvey, Verne K., Sr. (S)	Zionsville	Marion
Hasewinkel, Carroll W.	Carmel	Marion
Hasewinkle, August M.	Fort Wayne	Allen
Hash, John S.	Noblesville	Hamilton
Hashemi, Hossein	Warsaw	Kosciusko
Haslem, Ezra R. (S)	Terre Haute	Vigo
Haslem, John R.	Terre Haute	Vigo
Hass, Caroline E.	W. Lafayette	Tippecanoe
Hass, Thomas W.	W. Lafayette	Tippecanoe
Hassel, Walter B.	Evansville	Vanderburgh
Hastings, Warren C.	Fort Wayne	Allen
Haswell, John	Vincennes	Knox
Hatfield, Nicholas W.	Indianapolis	Marion
Hathaway, C. Bishop	Auburn	DeKalb
Hathaway, William H.	Auburn	DeKalb
Hattendorf, Anton P.	Fort Wayne	Allen
Hauersperger, Alfred D.	Columbus	Bartholomew-Brown
Haugseth, Ellsworth K.	South Bend	St. Joseph
Havens, A. Lyle	Jeffersonville	Clark
Havens, Thomas R.	Jeffersonville	Clark
Havens, Oscar	Cicero	Hamilton
Havens, Russell E.	Fort Wayne	Allen
Hawes, Marvin E.	Columbus	Bartholomew-Brown
Hawk, Edgar A.	Indianapolis	Marion
Hawk, James H.	Indianapolis	Marion
Hawkins, Glen E.	South Bend	St. Joseph
Hawkins, Richard D.	Bedford	Lawrence
Hawthorne, James J.	Indianapolis	Marion
Hay, Gene R.	Michigan City	La Porte
Hayes, Frank W.	Fairfield, Calif.	Lake
Hayes, Jesse D.	East Chicago	Lake
Hayes, Theodore R.	Muncie	Delaware-Blackford
Haymond, George M.	Warsaw	Kosciusko
Haymond, Joseph L.	Indianapolis	Marion
Haynes, John T.	Indianapolis	Marion
Hayter, Robt.	Lyons	Greene
Haywood, John G.	Noblesville	Hamilton
Hazelrigg, Donald E.	Topeka, Kan.	Marion
Healey, Robert J.	Indianapolis	Marion
Healy, Cornelius E.	Evansville	Vanderburgh
Heard, Albert (S)	Evansville	Vanderburgh
Heasty, Alfred R.	W. Lafayette	Tippecanoe
Heaton, Elton	Madison	Jefferson-Switzerland
Hebard, Harold G., Jr.	Lafayette	Tippecanoe
Heck, Martin C.	Jasper	Dubois
Hedde, Eugene L.	Logansport	Cass
Hedgcock, Robert A.	Frankfort	Clinton
Hedrick, James T.	Gary	Lake
Hedrick, Philip W.	Indianapolis	Marion
Hehemann, William V.	Munster	Lake
Heid, George J., Jr.	Lafayette	Tippecanoe
Heidemann, H. David	Jeffersonville	Clark
Heilman, William C., Jr.	New Castle	Henry
Heilman, W. C., Sr. (S)	New Castle	Henry
Heimburger, Irvin L.	Evansville	Vanderburgh
Heimburger, Robert F.	Indianapolis	Marion
Heinlein, Carl L.	Danville	Hendricks
Heinrich, Weston A.	Evansville	Vanderburgh
Heinsen, Charles E.	Winamac	Pulaski
Heiser, Ervin W.	Elkhart	Elkhart
Heitzman, Alois I.	Logansport	Cass
Held, George A.	Loogootee	Dubois
Helmen, Charles H.	Indianapolis	Marion
Helmer, John F.	South Bend	St. Joseph
Helms, Charles E.	Munster	Lake
Helveston, Eugene M.	Indianapolis	Marion
Hendeles, Frieda R.	Bluffton	Wells
Hendershot, Eugene L.	Evansville	Vanderburgh
Henderson, Francis G.	Three Rivers, Mich.	Marion
Henderson, Norman C.	Michigan City	La Porte
Henderson, Ramon A.	Muncie	Delaware-Blackford
Henderson, Robert N.	Evansville	Vanderburgh
Henderson, Roscoe C.	Indianapolis	Marion
Hendricks, Fred A.	Indianapolis	Marion
Hendricks, John W.	Indianapolis	Marion
Hendrix, Charles E.	Vincennes	Knox
Henn, R. Anthony	Greenfield	Hancock
Henry, Alvin L.	Columbus	Bartholomew-Brown
Henry, Howard J.	Knox	Starke
Henry, Russell S.	Indianapolis	Marion
Hensler, Benton M.	Anderson	Madison
Hensley, Harry T.	Oaklandon	Hancock
Hensley, Kevin C.	Bloomington	Owen-Monroe
Hepner, Herman	Kendallville	Noble
Hepner, Herman S. (S)	Bloomington	Owen-Monroe
Herendeen, Thomas L.	Fort Wayne	Allen
Heritier, C. Jules	Columbia City	Whitley
Hermann, Harold W.	Evansville	Vanderburgh
Hermayer, Stephen	Evansville	Vanderburgh
Hernandez, Antonio	Shelburn	Sullivan
Hernandez, I. C.	East Chicago	Lake

Name	City	County
Herod, Gilbert	Indianapolis	Marion
Herrera, Vivencio A.	Fort Wayne	Allen
Herrick, Charles L.	Akron	Fulton
Herrmann, Gordon T.	Evansville	Vanderburgh
Herrold, George W.	Lafayette	Tippecanoe
Hershberger, Philip G.	Fort Wayne	Allen
Herzberg, Milton	Clinton	Parke-Vermillion
Herzer, Clarence C. (S)	Evansville	Vanderburgh
Hess, Paul P.	New Albany	Floyd
Hetherington, John A.	Terre Haute	Vigo
Heubi, John E.	Indianapolis	Marion
Heumann, John E.	Evansville	Vanderburgh
Hibbeln, Frederic P.	Danville	Hendricks
Hibbs, William G. (S)	Franklin	Johnson
Hibner, Dan W.	Richmond	Wayne-Union
Hibner, Nolan A.	Monticello	White
Hickman, Donald M.	Fort Wayne	Allen
Hicks, Murwyn L.	Indianapolis	Marion
Hieber, Frank R.	Munster	Lake
Higgins, James L.	Petersburg	Vanderburgh
Higgins, Jack W.	Kokomo	Howard
Higgins, John R.	Floyd Knobs	Floyd
High, Ralph L.	Muncie	Delaware-Blackford
Hilbert, John W. (S)	South Bend	St. Joseph
Hildebrand, John O., Jr.	South Bend	St. Joseph
Hildebrand, William L.	Indianapolis	Marion
Hill, Herbert N.	Indianapolis	Marion
Hill, James K.	Indianapolis	Marion
Hill, Kenneth G.	New Castle	Henry
Hill, Lloyd L.	Peru	Miami
Hill, Paul G.	Cambridge City	Wayne-Union
Hill, Robert E.	Yorktown	Delaware-Blackford
Hill, Theodore A.	Michigan City	LaPorte
Hill, Wallace C.	South Bend	St. Joseph
Hillenbrand, Charles	Michigan City	La Porte
Hillery, Robert L.	Fort Wayne	Allen
Hillis, Lowell J.	Logansport	Cass
Hillman, Marion W.	Sarasota, Fla.	St. Joseph
Hilz, James M.	Ann Arbor, Mich.	Marion
Hilz, Mary Ann	Indianapolis	Marion
Himebaugh, Gilbert J.	Evansville	Vanderburgh
Himelstein, N. Harvey	Indianapolis	Marion
Himler, James M.	Indianapolis	Marion
Hinchman, Jean F.	Parker	Delaware-Blackford
Hines, John H.	Auburn	De Kalb
Hippensteel, Harland	Auburn	De Kalb
Hipskind, Richard E.	Fort Wayne	Allen
Hirsch, Herman L.	Mt. Vernon	Posey
Hirsch, Melvin L.	Munster	Lake
Hitchcock, Philip D.	Evansville	Vanderburgh
Hobbs, Arthur A. (S)	Evansville	Vanderburgh
Hobgood, James L., Jr.	Evansville	Vanderburgh
Hochhalter, Marian (S)	Logansport	Cass
Hodgin, Phillip T.	Orleans	Orange
Hodonos, Phillip E.	Michigan City	LaPorte
Hoetzer, Eldore M.	New Haven	Allen
Hoffman, Arthur F.	Fort Wayne	Allen
Hoffman, Herman	Indianapolis	Marion
Hoffman, Max N.	Covington	Fountain-Warren
Hofmann, J. William (S)	Indianapolis	Marion
Hogan, Michael A.	Indianapolis	Marion
Hogan, Thomas W.	Terre Haute	Vigo
Hogle, Frank D.	Westville	LaPorte
Hoham, Frederick D.	Portage	Porter
Hoit, Leonard	Gary	Lake
Holdeman, Lillian S.	South Bend	St. Joseph
Holdeman, Richard W.	South Bend	St. Joseph
Holden, Robert W.	Nashville, Tenn.	Bartholomew-Brown
Holland, Philip T.	Bloomington	Owen-Monroe
Holland, William M.	Indianapolis	Marion
Hollenberg, Alfred E.	Hagerstown	Wayne-Union
Hollenberg, Edward L.	Winamac	Pulaski
Holliday, Alfonso	Gary	Lake
Hollingsworth, Thomas H.	Muncie	Delaware-Blackford
Holloway, Richard J.	South Bend	St. Joseph
Holman, Jerome E., Jr.	Indianapolis	Marion
Holman, Jerome E., Sr. (S)	Indianapolis	Marion
Holmes, John L.	Muncie	Delaware-Blackford
Holsinger, Robert E.	Fort Wayne	Allen
Holtzman, Norman N.	South Bend	St. Joseph
Holtzman, Paul W.	Bloomington	Owen-Monroe
Honan, Paul R.	Lebanon	Boone
Hood, Ainslee A.	Indianapolis	Marion
Hoog, John M.	Fort Wayne	Allen
Hooker, Donald J.	Ligonier	Noble
Hooker, Rex R.	East Chicago	Lake
Hoopes, Jane M.	Evansville	Vanderburgh
Hoover, Dewey A.	Terre Haute	Vigo
Hoover, J. Guy	Evansville	Vanderburgh
Hoover, Joseph R.	Fort Wayne	Allen
Hoover, Peter B.	Boonville	Warrick
Hopkins, Bruce J.	Indianapolis	Marion
Hopkins, L. H. (S)	Versailles	Ripley
Horlander, Fridolin	Jeffersonville	Clark
Horning, Richard R.	Logansport	Cass
Horst, William N.	Crown Point	Lake
Horswell, Richard G.	Bristol	Elkhart
Horswell, Richard R.	Lafayette	Tippecanoe
Horvath, George A.	South Bend	St. Joseph
Horwitz, Thomas	Indianapolis	Marion
Hostetter, Michael G.	Muncie	Delaware-Blackford
Houser, D. Stanley	South Bend	St. Joseph
Houshmand, Cyrus	Bloomington	Owen-Monroe
Houston, Fred D.	Lawrenceburg	Dearborn-Ohio
Hovda, Richard B.	Evansville	Vanderburgh
Hover, Galen M.	Charlestown	Clark
How, Louis E. (S)	South Bend	St. Joseph
Howard, James T.	Bloomington	Owen-Monroe
Howard, Joseph D.	Logansport	Cass
Howard, William F.	Bloomington	Owen-Monroe
Howard, Wm. Harry (S)	Munster	Lake
Howe, Fordyce L.	Fort Wayne	Allen
Howell, Arthur	Indianapolis	Marion
Howell, Joseph D.	Indianapolis	Marion
Howland, Carl B.	Crawfordsville	Montgomery
Hoyt, Lester H.	Indianapolis	Marion
Hoyt, Millard L.	Indianapolis	Marion
Hrisomalos, Frank N.	Bloomington	Owen-Monroe
Hubbard, Jesse D.	Indianapolis	Marion
Huber, Carl P.	Indianapolis	Marion
Huckleberry, Irvin E. (S)	Salem	Washington
Hudson, Arlington M.	Connersville	Fayette-Franklin
Huebner, Gilbert D.	Washington, D.C.	Wells
Huffman, Galen C.	Bluffton	Wells
Huffman, Verlin P.	S. Whitley	Whitley
Hughes, Anson F.	Lafayette	Tippecanoe
Hughes, Richard R.	Lafayette	Tippecanoe

Name	City	County
Hughes, William B.	Waterloo	DeKalb
Huggins, Victor S.	Evansville	Vanderburgh
Hull, DeWayne L.	Fort Wayne	Allen
Hull, James E.	Lafayette	Tippecanoe
Hull, Joel I.	Chesterton	Porter
Hull, Ronald H.	Indianapolis	Marion
Hummel, Russel M.	Marion	Grant
Hummons, Francis D.	Indianapolis	Marion
Humphrey, Paul E.	Terre Haute	Vigo
Humphreys, Joe E.	Vincennes	Knox
Humphreys, John L.	Bethel Park, Pa.	Allen
Humphreys, John W.	Crawfordsville	Montgomery
Hunneshagen, Donald E.	Indianapolis	Marion
Hunsberger, Walter G.	Lafayette	Tippecanoe
Hunt, Edgar J. (S)	Terre Haute	Vigo
Hunter, Charles A., Jr.	Indianapolis	Marion
Hunter, Dean M.	W. Lafayette	Tippecanoe
Hunter, Donn R.	Greenfield	Hancock
Huoni, John S.	Jeffersonville	Clark
Hurley, James W.	Elkhart	Elkhart
Hurley, John R.	Daleville	Delaware-Blackford
Hurt, LaVerne B. (S)	Delray Beach, Fla.	Marion
Hurteau, William W.	Indianapolis	Marion
Hurwitz, Roger A.	Indianapolis	Marion
Huse, William M.	Indianapolis	Marion
Husted, Robert G.	Munster	Lake
Hutchison, Donald R.	Fountain City	Wayne-Union
Hutson, Richard A.	Indianapolis	Marion
Hutto, William H.	Kokomo	Howard
Hyde, Carroll C. (S)	South Bend	St. Joseph

I

Name	City	County
Imhof, Joseph D.	Muncie	Delaware-Blackford
Imperial, Benjamin E.	Kentland	Newton
Indovina, Vincent A.	Munster	Lake
Ingram, Richard	Montpelier	Delaware-Blackford
Ingwell, Guy B.	Knox	Starke
Inlow, Paul M.	Shelbyville	Shelby
Inlow, Robert P.	Shelbyville	Shelby
Inlow, William D. (S)	Shelbyville	Shelby
Irmscher, George W.	Fort Wayne	Allen
Irmscher, Jane M.	Fort Wayne	Allen
Irvine, William O.	Indianapolis	Marion
Irwin, Glenn W., Jr.	Indianapolis	Marion
Isaacs, Sidney	Richmond	Wayne-Union
Isenbarger, Karl	Indianapolis	Marion
Isenogle, Kenneth F.	Fort Wayne	Allen
Iske, Paul G.	Indianapolis	Marion
Isler, Nathaniel C.	Jeffersonville	Clark
Iterman, George E. (S)	New Castle	Henry
Ivy, John H.	Elkhart	Elkhart

J

Name	City	County
Jackson, Charles E.	Bluffton	Wells
Jackson, Dean B.	Hartford City	Delaware-Blackford
Jackson, Howard C.	Madison	Jefferson-Switzerland
Jackson, John F.	Fort Wayne	Allen
Jackson, Kathryn A.	Zionsville	Boone
Jacobo, Miguel J.	East Chicago	Lake
Jacobs, E. Robert	Columbus	Bartholomew-Brown
Jacobs, Rene M.	Greencastle	Putnam
Jacqmain, Ralph J.	Vincennes	Knox
Jahns, Albin A.	Merrillville	Lake
James, Carroll F.	Hope	Bartholomew-Brown
James, Charles E.	Indianapolis	Marion
James, Thomas, Jr.	Huntington	Huntington
Janes, R. Grant	Connersville	Fayette-Franklin
Janicki, Robert S.	N. Chicago, Ill.	Marion
Jankowski, Ernest B.	South Bend	St. Joseph
Jarrett, John C.	Marion	Grant
Jarrett, Paul E.	Anderson	Madison
Jaurnig, Russell R.	Bluffton	Wells
Jay, Arthur C.	Muncie	Delaware-Blackford
Jay, Arthur N.	Indianapolis	Marion
Jay, James M.	Indianapolis	Marion
Jeans, Robert F.	Richmond	Wayne-Union
Jehanyar, M. Ali	Monticello	White
Jenkins, John E., Jr.	Indianapolis	Marion
Jenkins, Robert E.	Indianapolis	Marion
Jennings, Frank L. (S)	Indianapolis	Marion
Jesch, Doris	Marion	Grant
Jett, Clyde W.	Seelyville	Vigo
Jewell, George M.	Kokomo	Howard
Jewett, Joe H.	Indianapolis	Marion
Jimenez, Pedro	Jeffersonville	Clark
Jinnings, Loren E.	Auburn	DeKalb
Jobes, James E.	Indianapolis	Marion
Johnloz, David K.	Indianapolis	Marion
Johns, David R. (S)	Beloit, Wis.	Lake
Johns, Nicholas C.	South Bend	St. Joseph
Johnson, A. Cedric, Jr.	Indianapolis	Marion
Johnson, Arnold L.	Gary	Lake
Johnson, Earl H.	Indianapolis	Marion
Johnson, Edward M.	Terre Haute	Vigo
Johnson, George M.	Richmond	Wayne-Union
Johnson, Herbert S.	Lafayette	Tippecanoe
Johnson, James B.	Greencastle	Putnam
Johnson, Jerome M.	Jeffersonville	Clark
Johnson, Lonnie B. (S)	Gary	Lake
Johnson, Paul D., Jr.	Terre Haute	Vigo
Johnson, Robert D.	Madison	Jefferson-Switzerland
Johnson, Stephen L.	Evansville	Vanderburgh
Johnson, Thomas W.	Indianapolis	Marion
Johnson, Victor	Evansville	Vanderburgh
Johnson, Wayne L.	Indianapolis	Marion
Johnson, William A.	North Vernon	Jackson-Jennings
Johnson, William V.	New Albany	Floyd
Johnston, Richard M.	Fort Wayne	Allen
Johnston, Robert L.	Bluffton	Wells
Jolly, Wesley P. (S)	Richland	Spencer
Jones, A. T.	Anderson	Madison
Jones, Allen W.	Indianapolis	Marion
Jones, Charles A.	Franklin	Johnson
Jones, David E.	Indianapolis	Marion
Jones, David G.	Anderson	Madison
Jones, David H.	Charlestown	Clark
Jones, David M.	West Lafayette	Tippecanoe
Jones, Eli S. (S)	Hammond	Lake
Jones, Francis P.	Indianapolis	Marion
Jones, Gordon C.	Indianapolis	Marion
Jones, J. Carl	Logansport	Cass
Jones, John D.	Indianapolis	Marion
Jones, King S. (S)	Michigan City	La Porte
Jones, Richard A.	Indianapolis	Marion
Jones, Robert B.	Elkhart	Elkhart
Jones, Thomas M.	New Albany	Floyd
Jones, William H.	Martinsville	Morgan
Jontz, Joe G.	Fort Wayne	Allen
Jontz, Jon P.	Indianapolis	Marion
Jontz, Richard L.	Fort Wayne	Allen
Jordan, Leo E.	Lynn	Randolph
Jordan, Richard A.	Corydon	Harrison-Crawford
Joseph, Rex M.	Indianapolis	Marion

Name	City	County
Jowitt, Richard H.	Indianapolis	Marion
Joyner, John E.	Indianapolis	Marion
Judd, Russell L.	Indianapolis	Marion
Judson, Walter E.	Indianapolis	Marion
Jurgensen, Walter T.	Fort Wayne	Allen
Justin, Renate G.	Terre Haute	Vigo

K

Name	City	County
Kabel, Robert N.	Terre Haute	Vigo
Kachmann, Rudy	Fort Wayne	Allen
Kahler, Maurice V. (S)	Indianapolis	Marion
Kahn, Alexander J.	Indianapolis	Marion
Kahn, Howard L.	Indianapolis	Marion
Kaiser, James L.	Indianapolis	Marion
Kalker, Morton	Muncie	Delaware-Blackford
Kalsbeck, John E.	Indianapolis	Marion
Kamen, Jack M.	Gary	Lake
Kammen, Leo	Indianapolis	Marion
Kammer, Grace C.	Muncie	Delaware-Blackford
Kane, Jack L.	Cherry Point, N.C.	Marion
Kantzer, Floyd B. (S)	Albuquerque, N. Mexico	De Kalb
Karberg, Richard J.	Lafayette	Tippecanoe
Karn, John W.	South Bend	St. Joseph
Karnafel, Eugene T.	Logansport	Cass
Karol, Herbert J.	Fort Wayne	Allen
Karsell, William A.	Indianapolis	Marion
Kasting, Gerald	Bedford	Lawrence
Katterjohn, James C.	Indianapolis	Marion
Kauffman, Harley M. (S)	Evansville	Vanderburgh
Kaufman, Alan J.	Hammond	Lake
Kaufman, Julian R.	Fort Wayne	Allen
Kay, John B.	San Francisco, Calif.	Marion
Kay, Oran E. (S)	Spencer	Owen-Monroe
Keating, John U.	Indianapolis	Marion
Kebel, Arthur P.	Indianapolis	Marion
Keeling, Forrest E. (S)	Portland	Jay
Keenan, George B.	Indianapolis	Marion
Keenan, Patrick J.	South Bend	St. Joseph
Keffer, Harry L.	Terre Haute	Vigo
Kellar, Philip E.	Hobart	Lake
Kelley, Jack L.	Lafayette	Tippecanoe
Kelly, George G.	Munster	Lake
Kelly, John B.	Evansville	Vanderburgh
Kelly, Wendell C.	Anderson	Madison
Kelsey, Robert M., Jr.	La Porte	La Porte
Kemker, Bernard	Jasper	Dubois
Kemp, John T.	Michigan City	La Porte
Kemp, W. Alfred	Bourbon	Marshall
Kempf, Gerald F. (S)	Spring Valley Ohio	Parke-Vermillion
Kendall, Forest M.	Nappanee	Elkhart
Kendall, William R.	Carmel	Marion
Kendrick, William M.	Mooresville	Morgan
Kennedy, Hunter F.	Indianapolis	Marion
Kennedy, Joseph T.	Indianapolis	Marion
Kennedy, Myron S.	Goshen	Elkhart
Kenney, David B.	Indianapolis	Marion
Kenney, Francis D.	Munster	Lake
Kent, Richard N.	Fort Wayne	Allen
Kenyon, C. Emil (S)	Cambridge City	Wayne-Union
Keough, Thomas F.	Warsaw	Kosciusko
Kephart, S. Bruce	Bluffton	Wells
Keplinger, James E.	Lafayette	Tippecanoe
Kepner, Robert S.	Anderson	Madison
Kerlin, Joseph C.	Danville	Hendricks
Kern, Clarence G.	Lebanon	Boone
Kerner, Donald J.	Indianapolis	Marion

Name	County	City
Kerr, Charlotte H.	Michigan City	La Porte
Kerr, Donald M.	Bedford	Lawrence
Kerr, Harry R. (S)	Indianapolis	Marion
Kerr, John E.	Michigan City	La Porte
Kerrigan, John F.	Michigan City	La Porte
Kerrigan, Robert L. (S)	Michigan City	La Porte
Kerrigan, William F.	Connersville	Fayette-Franklin
Kershner, Charles R.	Marion	Grant
Kesim, Mufit H.	Elkhart	Elkhart
Keskin, Ibrahim	Hammond	Lake
Kessler, Robert B.	Evansville	Vanderburgh
Ketcham, John S. (S)	Rossville	Clinton
Keyes, Robert C.	Fort Wayne	Allen
Khalouf, Herbert C.	Marion	Grant
Khalouf, Shirley T.	Marion	Grant
Khaton, Odessa M.	Chicago, Ill.	Lake
Kidd, James G. (S)	North Manchester	Wabash
Kiechle, Frederick L.	Evansville	Vanderburgh
Kiefer, C. Raymond	Indianapolis	Marion
Kieffer, William J.	South Bend	St. Joseph
Kight, Jerry L.	Marion	Indianapolis
Kilgore, Byron W.	Ft. Wayne	Allen
Kilmer, Warren L.	Portage	Porter
Kim, Joon S.	La Porte	La Porte
Kim, Kil Chol	Indianapolis	Marion
Kim, Young D. (S)	Beech Grove	Marion
Kimble, John W.	Mooresville	Marion
Kimbrough, Robert F.	Fort Wayne	Allen
Kimmel, Louis E., Jr.	Valparaiso	Porter
Kincaid, Raymond K.	Tipton	Tipton
Kincaid, Robert S.	Evansville	Vanderburgh
Kindell, Hurschell D.	New Richmond	Montgomery
KinKade, Paul T.	New Castle	Henry
King, Charles R.	Anderson	Madison
King, Harold	Indianapolis	Marion
King, Jay M.	Logansport	Cass
King, John Thomas	Gary	Lake
King, Robert D.	Indianapolis	Marion
King, Robert W.	Cedar Lake	Lake
Kingma, Roy E.	DeMotte	Porter
Kingsbury, John K. (S)	Indianapolis	Marion
Kinneman, Robert E.	Greenfield	Hancock
Kintner, Burton E.	Elkhart	Elkhart
Kinzer, LeRoy D.	Markle	Wells
Kirby, Ted C.	Greenfield	Hancock
Kirkhoff, Paul J.	Indianapolis	Marion
Kirshman, Forrest E.	Muncie	Delaware-Blackford
Kirtley, James M.	Crawfordsville	Montgomery
Kirtley, Robert W.	Danville	Hendricks
Kirtley, William R.	Indianapolis	Marion
Kissel, Wesley A.	Indianapolis	Marion
Kissinger, Knight L.	Angola	Steuben
Kitt, Walter	Munster	Lake
Kitterman, Harry E. (S)	Indianapolis	Marion
Klain, Benjamin V.	Indianapolis	Marion
Klamer, Charles H.	Jasper	Dubois
Klassen, Otto D.	Elkhart	Elkhart
Klatch, Ben Z.	Lafayette	Tippecanoe
Klaus, Julius M.	Gary	Lake
Kleifgen, William A.	Fort Wayne	Allen
Kleindorfer, Roscoe L. (S)	Evansville	Vanderburgh
Kleit, Stuart A.	Indianapolis	Marion
Kleopfer, Ronald G.	Fort Wayne	Allen
Klepfer, Jefferson F.	Richmond	Wayne-Union
Klepinger, Harry E.	Lafayette	Tippecanoe
Klutinoty, George II	Indianapolis	Marion
Kmak, Chester J.	Merrillville	Lake
Kneidel, John H.	Indianapolis	Marion
Knight, E. Larry	Elkhart	Elkhart
Knight, Lewis W.	Fort Wayne	Allen

Name	City	County
Knode, Kenneth T. (S)	South Bend	St. Joseph
Knote, John A.	Fort Wayne	Tippecanoe
Knotts, Slater	Seymour	Jackson-Jennings
Ko, Richard C. B.	Gaston	Delaware-Blackford
Kobak, Alfred J., Jr.	Valparaiso	Porter
Kobrin, Meyer W.	Gary	Lake
Koch, Edwin F., Jr.	Muncie	Delaware-Blackford
Koch, Elmer L.	Danville	Hendricks
Koch, Howard W.	Winchester	Randolph
Koenig, Robert L.	Valparaiso	Porter
Kohlstaedt, Karl C.	Indianapolis	Marion
Kohlstaedt, Kenneth G.	Indianapolis	Marion
Kohne, Gerald J.	Decatur	Adams
Kohne, Robert W.	Lafayette	Tippecanoe
Kolanko, Leon A.	Hammond	Lake
Kolbas, Eugene	Merrillville	Lake
Kolettis, John G.	Merrillville	Lake
Kooiker, John E.	Indianapolis	Marion
Koons, Karl M., Jr.	Indianapolis	Marion
Koons, Karl M. (S)	Indianapolis	Marion
Koontz, William A.	Gas City	Grant
Kopanko, Bernard F.	East Chicago	Lake
Kopcha, Joseph E.	Gary	Lake
Kopecky, Robert R.	Indianapolis	Marion
Kopp, William R.	Anderson	Madison
Koransky, David S.	Hammond	Lake
Korn, Jerome M.	Gary	Lake
Kornafel, L. H.	Indianapolis	Marion
Koss, K. William	Muncie	Delaware-Blackford
Kott, Alexander	Munster	Lake
Kourany, Edgar	Mooresville	Morgan
Kourany, Oscar	Mooresville	Morgan
Krabill, Willard S.	Goshen	Elkhart
Kraft, Bennett	Indianapolis	Marion
Kraning, Kenneth K.	Kewanna	Fulton
Krause, Frederick	Elkhart	Elkhart
Kreitl, Dorothy R.	Richmond	Wayne-Union
Kremers, George A.	Kokomo	Howard
Kresler, Leon E.	Kentland	Newton
Krieble, William W.	Terre Haute	Vigo
Krifcher, Chas.	Hammond	Lake
Kriel, William B.	Indianapolis	Marion
Krizman, David J.	South Bend	St. Joseph
Kroczek, Stephen E.	Michigan City	LaPorte
Krsek, Archie J.	Hobart	Lake
Krueger, John E.	Fort Wayne	Allen
Krueger, John E.	South Bend	St. Joseph
Krueger, Robert B.	Columbus	Bartholomew-Brown
Krueger, Thomas P.	Evansville	Vanderburgh
Kruse, Walter E. (S)	Fort Wayne	Allen
Ku, Marshall	Valparaiso	Porter
Kubik, Francis J.	Michigan City	LaPorte
Kubley, James D.	Plymouth	Marshall
Kudele, Louis T.	Whiting	Lake
Kuhn, Arthur J.	Hammond	Lake
Kuhn, Frederick L.	South Bend	St. Joseph
Kuhn, Hedwig S. (S)	Hammond	Lake
Kuhn, Robert W.	Wilkinson	Hancock
Kuipers, Fred M.	Lafayette	Tippecanoe
Kunkler, Arnold W.	Terre Haute	Vigo
Kunkler, William C. (S)	Terre Haute	Vigo
Kuntz, Herman W.	Indianapolis	Marion
Kurlander, Gerald J.	Indianapolis	Marion
Kurtz, Fred B. (S)	Indianapolis	Marion
Kurtz, Philip L.	Indianapolis	Marion
Kurtz, Richard	Indianapolis	Marion
Kurtz, William A.	Tipton	Tipton
Kwitny, Isadore J.	Indianapolis	Marion

Name	City	County
L		
LaBier, Clarence R., Jr. (S)	Terre Haute	Vigo
Ladig, Donald S.	Fort Wayne	Allen
LaDine, Clarence B.	Indianapolis	Marion
LaFollette, Donald R.	New Albany	Floyd
LaFollette, Forrest R.	Hammond	Lake
LaFollette, James W.	Bloomington	Owen-Monroe
LaFollette, Robert E.	New Albany	Floyd
Lahr, Richard E.	Marion	Grant
Laker, Gene C.	Fort Wayne	Allen
Laker, Richard J.	Fort Wayne	Allen
Lamb, Emmett B. (S)	Indianapolis	Marion
Lamb, Russell W.	Indianapolis	Marion
Lamber, Chet K.	Indianapolis	Marion
Lambert, Dennis M.	Indianapolis	Marion
Lamey, Paul T.	Anderson	Madison
Lamkin, E. Henry, Jr.	Indianapolis	Marion
Lampe, Elfred H.	Fort Wayne	Allen
Lancet, Robert O.	Terre Haute	Vigo
Land, Richard N.	Anderson	Madison
Landis, Charles B.	Lafayette	Tippecanoe
Landon, David J.	Union City	Randolph
Lands, Robert M.	Portage	Porter
Landwehr, Alfons	Indianapolis	Marion
Lane, C. Elaine	Indianapolis	Marion
Lane, William H.	South Bend	St. Joseph
Lang, Jay W.	Indianapolis	Marion
Langsam, Chas. L.	Evansville	Vanderburgh
Lanman, John U.	Munster	Lake
Lanning, R. Adrian	Noblesville	Hamilton
Lardizabal, Jose M.	Bloomfield	Greene
Largaespada, Manuel	Indianapolis	Marion
Larmore, Joseph L.	Anderson	Madison
Larrabee, James F.	Munster	Lake
LaSalle, Richard M.	Wabash	Wabash
LaSalle, Robert M., Jr.	Wabash	Wabash
LaSalle, Robert M., Sr.	Wabash	Wabash
Lasich, Anthony R.	Indianapolis	Marion
Laubscher, Clarence	Evansville	Vanderburgh
Laudeman, Walter A.	Elwood	Madison
Lautz, Herbert A.	Munster	Lake
Lavengood, Russell W. (S)	Marion	Grant
Lawler, George F. (S)	Bradenton, Fla.	Marion
Lawler, John F.	Evansville	Vanderburgh
Lawrence, James M.	Indianapolis	Marion
Lawrence, Joseph C.	Evansville	Vanderburgh
Lawson, Allan J.	Indianapolis	Marion
Lawson, Lawrence J.	Muncie	Delaware-Blackford
Laycock, Richard M.	Fort Wayne	Allen
Leak, Robert H.	Boswell	Benton
Leatherman, Harter L. (S)	Indianapolis	Marion
Lebioda, Henry S.	Gary	Lake
Lee, Domingo K.	Indianapolis	Marion
Lee, Glen Ward	Richmond	Wayne-Union
Lee, James	Terre Haute	Vigo
Lee, John M. (S)	Rushville	Rush
Lee, John W.	Fort Wayne	Allen
Lee, Robert Y.	Valparaiso	Porter
Leffel, James M.	Indianapolis	Marion
Leffler, William T.	Indianapolis	Marion
Lehman, David P.	Kokomo	Howard
Lehman, Evan L.	Colorado Springs, Colo.	Marion
Lehman, Kenneth M.	Topeka	LaGrange
Lehmberg, Otto F. C. (S)	Columbia City	Whitley

Name	City	County
Leibundguth, Henry	Evansville	Vanderburgh
Leich, Charles F.	Evansville	Vanderburgh
Leinbach, Earl R.	Hamlet	Starke
LeMaster, Theodore R.	Indianapolis	Marion
Leming, Ben L.	Fort Wayne	Allen
Lempke, Lloyd W.	Lafayette	Tippecanoe
Lenk, George G.	Fort Wayne	Allen
Lenox, Jack	Lebanon	Boone
Lenyo, Ludimere	Terre Haute	Vigo
Leon, Mario	Holland	Dubois
Leonard, Dale F.	Hagerstown	Wayne-Union
Leroy, Alvin G.	Alexandria	Madison
Leser, Ralph U.	Indianapolis	Marion
Lessure, Alfred P.	Evansville	Vanderburgh
Lester, Vern L.	Mishawaka	St. Joseph
Lett, Emory B.	Loogootee	Daviess-Martin
Lett, James C.	Greencastle	Putnam
Levatin, Bernard I.	South Bend	St. Joseph
Levi, Leon	Indianapolis	Marion
Levin, Harvey J.	Hammond	Lake
Lewis, Earl	Indianapolis	Marion
Lewis, George N.	Bloomington	Owen-Monroe
Lewis, James R.	Richmond	Wayne-Union
Lewis, Lucien A.	Gary	Lake
Lewis, Paul S.	Indianapolis	Marion
Ley, Glen D.	Bloomington	Owen-Monroe
Libunao, Artemio S.	Versailles	Ripley
Lichtenberg, Melvin	Indianapolis	Marion
Liddell, Charles K.	Michigan City	La Porte
Lidikay, Edward C.	Indianapolis	Marion
Liebschutz, Norman H.	Indianapolis	Marion
Life, Homer L.	New Castle	Henry
Lind, Jaap J.	Lafayette	Tippecanoe
Lind, John D.	Middletown	Madison
Lindenborg, Paul G.	Indianapolis	Marion
Lindsay, Hamlin B.	Washington	Daviess-Martin
Lindseth, Richard E.	Indianapolis	Marion
Ling, John F.	Richmond	Wayne-Union
Lingeman, Raleigh E.	Indianapolis	Marion
Link, Charles W., Jr.	Greenwood	Johnson
Link, Goethe (S)	Indianapolis	Marion
Link, William C.	Bloomington	Owen-Monroe
Linson, John C.	Seymour	Jackson-Jennings
Lionberger, John R.	South Bend	St. Joseph
Lipschutz, Harold	Gary	Lake
Lipsey, Alfred J.	Gary	Lake
Liss, Emanuel C.	South Bend	St. Joseph
Littlefield, Paul A.	Indianapolis	Marion
Littlefield, Shirley D.	Indianapolis	Marion
Litzenberger, Sam W.	Gloucester, Mass.	Madison
Lloyd, Frank P.	Indianapolis	Marion
Lloyd, Joe R.	Noblesville	Hamilton
Lloyd, Robert P.	Fort Wayne	Allen
Lo, Loretta S. Y.	Terre Haute	Vigo
Locke, Robert A.	APO, New York, N.Y.	Marion
Lockhart, Jack M.	Connersville	Fayette-Franklin
Lockhart, Philip B.	South Bend	St. Joseph
Lodde, Marvin B.	Kokomo	Howard
Loehr, William M.	Indianapolis	Marion
Loewenstein, Werner L.	Terre Haute	Vigo
Loftman, Bert A.	Ft. Lewis, Wash.	Lake
Logan, James Z.	Richmond	Wayne-Union
Logan, Patrick C.	Indianapolis	Marion
Logan, Richard S.	Fort Wayne	Allen
Lohman, Robert M.	Fort Wayne	Allen
Lohmuller, Herbert W.	Bluffton	Wells
Lohoff, Lewis C.	Tell City	Perry
Loh, Hwei-Ya (Chang)	Gary	Lake
Loh, Wei-Ping	Gary	Lake
Lona, Marco A.	East Chicago	Lake
Long, Keith J.	Munster	Lake
Long, Max R.	Marion	Grant
Long, Paul L.	Anderson	Madison
Longshore, Robert E.	Indianapolis	Howard
Longstaff, John P.	Evansville	Vanderburgh
Lonngren, Dudley H.	Marion	Grant
Loomis, Charles H.	Richmond	Wayne-Union
Loomis, Norman S. (S)	Indianapolis	Marion
Loop, Frederick A.	Lafayette	Tippecanoe
Lopez, Alfonso	Portland	Jay
Lopez, Filemon P.	Dyer	Lake
Lopez, Efran R.	Vincennes	Knox
Lopez, Santiago A.	Gary	Lake
Lord, Glenn C.	Indianapolis	Marion
Lord, Thomas J.	Indianapolis	Marion
Lorenty, Thaddeus B.	Gary	Lake
Lorman, James G.	Fort Wayne	Allen
Lo Sasso, Alvin M.	Indianapolis	Marion
Louden, Robert W.	Indianapolis	Marion
Loudermilk, Jack L.	Fort Wayne	Allen
Love, George N.	Indianapolis	Marion
Love, John W.	Madison	Jefferson-Switzerland
Love, V. Logan	Fort Wayne	Grant
Lovell, Martin H. (S)	Gary	Lake
Lovett, Harvey D.	Zionsville	Boone
Loving, Jury B.	New Goshen	Vigo
Lowe, John C.	Indianapolis	Marion
Lozow, David	Indianapolis	Marion
Lucas, Clarence A., Jr.	Indianapolis	Marion
Luce, John W.	Michigan City	LaPorte
Luckey, James E.	Fort Wayne	Allen
Ludwig, Paul E.	Crawfordsville	Montgomery
Luginbill, Howard M.	Indianapolis	Marion
Lukemeyer, George T.	Indianapolis	Marion
Lukemeyer, St. John (S)	Jasper	Dubois
Lundblad, Wilfred M.	Bloomington	Owen-Monroe
Lundeberg, Ralph A.	Griffith	Lake
Lundt, Milo O.	Elkhart	Elkhart
Lunsford, Thomas E.	Indianapolis	Marion
Luros, J. Theodore	Indianapolis	Marion
Luther, William C.	Elkhart	Elkhart
Lutz, Andreas L.	Highland	Lake
Lutz, Georgianna (S)	Gary	Lake
Luxenberg, Edwin R.	Logansport	Cass
Luzadder, John E.	New Carlisle	St. Joseph
Lybrook, William B.	Indianapolis	Marion
Lynch, Harold D.	Evansville	Vanderburgh
Lynn, Gene E.	Indianapolis	Marion
Lyon, William C.	Fort Wayne	Allen
Lyons, Robert E.	Bloomington	Owen-Monroe
Lyster, Richard F.	Fort Wayne	Allen
Lytwakiwsky, Anatol	Gary	Lake

M

MacDonell, Eldred H.	South Bend	St. Joseph
MacDougall, John D.	Indianapolis	Marion
MacKenzie, Pierce (S)	Evansville	Vanderburgh
MacLeod, John K.	South Bend	St. Joseph
MacQuigg, David E.	Indianapolis	Johnson
McAdams, Hugh B.	West Lafayette	Tippecanoe
McAdams, Robert	Lafayette	Tippecanoe
McAfee, George J.	Indianapolis	Marion
McAfee, James R.	Lebanon	Boone
McAleese, George B.	Terre Haute	Vigo

Name	City	County
McAree, Francis E., Jr.	Indianapolis	Marion
McAtee, Ott B.	Madison	Jefferson-Switzerland
McBride, James S. (S)	Indianapolis	Marion
McBride, Noel S.	Terre Haute	Vigo
McBride, Wm.	Valparaiso	Porter
McCalla, Charles X.	Paoli	Orange
McCallister, John W.	Fort Wayne	Allen
McCallister, Larry L.	Muncie	Delaware-Blackford
McCallum, Donald C.	Indianapolis	Marion
McCallum, Robert N.	Indianapolis	Marion
McCarthy, Jos. C.	Newburgh	Vanderburgh
McCartney, Donald H.	Indianapolis	Marion
McCarty, Virgil (S)	Princeton	Gibson
McCaslin, Charles W.	Bluffton	Wells
McCaslin, Dan L.	Fort Wayne	Allen
McClain, Edwin S.	Indianapolis	Marion
McClain, Marvin L.	Scottsburg	Scott
McClary, Charles W.	Bloomington	Owen-Monroe
McClintock, James A.	Muncie	Delaware-Blackford
McClure, Clark	Valparaiso	Porter
McClure, Glen	Sullivan	Sullivan
McClure, Stanley E.	Monon	White
McClure, Warren N.	Kokomo	Howard
McConnell, William C.	Sunman	Ripley
McCool, Joseph H.	Evansville	Vanderburgh
McCormick, Charles O., Jr.	Indianapolis	Marion
McCoy, Roy R.	Fort Wayne	Allen
McCraley, William J.	South Bend	St. Joseph
McCrea, Fred R.	Terre Haute	Vigo
McCullough, Henry G.	Columbus	Bartholomew-Brown
McCullough, James Y.	New Albany	Floyd
McDaniel, Edwin C.	Indianapolis	Marion
McDonald, Frank C.	New Castle	Henry
McDonald, Joseph D.	Evansville	Vanderburgh
McDonald, Virgil G. (S)	Anderson	Madison
McDonald, Walter E.	Gary	Lake
McDougal, Robert A.	Indianapolis	Marion
McDowell, Fletcher W.	Muncie	Delaware-Blackford
McDowell, George A.	Fort Wayne	Allen
McDowell, Mordecai M.	Vincennes	Knox
McEachern, Cecil G.	Fort Wayne	Allen
McElroy, James S.	New Castle	Henry
McElroy, James T.	Indianapolis	Marion
McElroy, Robert S.	Princeton	Gibson
McEwen, James W.	Terre Haute	Vigo
McFadden, James M.	Lafayette	Tippecanoe
McFadden, Wilbur D.	North Manchester	Wabash
McFarland, Corley B.	South Bend	St. Joseph
McGrath, Michael F.	Indianapolis	Marion
McGue, Frank J.	Michigan City	La Porte
McIlroy, Richard J.	Richmond	Wayne-Union
McIndoo, Ralph E. (S)	Kokomo	Howard
McInerney, Gerald T.	Michigan City	LaPorte
McIntire, Clarence R.	Bloomington	Owen-Monroe
McIntosh, John E.	Cincinnati, Ohio	Marion
McIntosh, Wilbert	Riley	Vigo
McIntyre, James M.	Indianapolis	Marion
McKechnie, Robert K.	Jeffersonville	Clark
McKee, Harry G.	Rushville	Rush
McKee, Roy G.	New Castle	Henry
McKeen, Charles L.	Bloomington	Owen-Monroe
McKeever, Joseph W.	Peru	Grant
McKinley, A. David	Indianapolis	Marion
McKinley, Joseph	Lafayette	Tippecanoe
McKinney, Daniel H. (S)	Omaha, Neb.	Tippecanoe
McKinney, Donald L.	Otterbein	Benton
McKittrick, Jack	Washington	Daviess-Martin
McLaren, Daniel E.	Indianapolis	Marion
McLaughlin, Gordon C.	Terre Haute	Vigo
McLaughlin, James R.	Warren	Huntington
McMahan, Virgil C.	Vincennes	Knox
McMeel, James	South Bend	St. Joseph
McNaughton, Lawrence	Crane	Daviess-Martin
McNeely, Matthew J. (S)	Dillsboro	Dearborn-Ohio
McNutt, Cyrus C.	Indianapolis	Marion
McPherson, Richard C.	Lafayette	Tippecanoe
McPike, Joseph D.	Bedford	Lawrence
McQuade, John A.	South Bend	St. Joseph
McQuiston, Ralph J.	Indianapolis	Marion
McVey, Clarence A. (S)	Hammond	Lake
McWilliams, William B. (S)	Liberty	Wayne-Union
Macatangay, Edelino L.	Ellettsville	Owen-Monroe
Machledt, John H.	Greenwood	Johnson
Macias, Rafael	South Bend	St. Joseph
Mackel, Frederick O.	Fort Wayne	Allen
Mackey, John E.	Indianapolis	Marion
Macri, Paul A.	Mishawaka	St. Joseph
Macy, George W.	Columbus	Bartholomew-Brown
Madlang, Rodolfo M.	Munster	Lake
Madden, Robert J.	Beech Grove	Marion
Mader, John H.	Richmond	Wayne-Union
Madrilejo, Nora G.	Gary	Lake
Madrilejo, Roberto B.	Munster	Lake
Madtson, A. Ricks	Indianapolis	Marion
Magnuson, Charles W.	South Bend	St. Joseph
Mahank, Camiel C.	Mishawaka	St. Joseph
Makovsky, Theodore	Valparaiso	Porter
Maldia, Godofredo	Garrett	Allen
Malloy, Francis E., Jr.	Indianapolis	Marion
Malone, Leander A.	Terre Haute	Vigo
Malott, Fred R.	Converse	Grant
Malouf, Stephen D. (S)	Bloomington, Ill.	Miami
Mamaril, Blas F.	Logansport	Cass
Manalo, Francisco S.	Gary	Lake
Mandelbaum, Isidore	Indianapolis	Marion
Manders, Karl L.	Indianapolis	Marion
Mangahas, Jovencio P.	Hammond	Lake
Mangahas, Violeta R.	East Chicago	Lake
Manhart, Doyle B.	Sheridan	Hamilton
Manifold, Harold M.	Bloomington	Owen-Monroe
Manion, Marlow W.	Indianapolis	Marion
Mankin, William J.	Terre Haute	Vigo
Manley, Floyd	Hammond	Lake
Mann, Mortimer	Indianapolis	Marion
Mann, Richard E.	Fort Wayne	Allen
Manning, George C.	Fort Wayne	Allen
Manning, K. Randolph	Indianapolis	Marion
Mannion, Rodney A.	Michigan City	La Porte
Manship, C. Stanley	Hardinsburg	Washington
Mansueto, Mario D.	Munster	Lake
Manzie, Michael W.	Indianapolis	Marion
Marchand, Edwin V. (S)	Haubstadt	Gibson
Marchant, Clarence H.	Bloomington	Owen-Monroe
Marcus, Morris C. (S)	Gary	Lake
Marhenke, John D.	Indianapolis	Marion
Mark, George A.	Elkhart	Elkhart
Markle, Joseph G.	Hobart	Lake
Marks, Howard H.	Huntington	Huntington
Marks, John S., Jr.	Indianapolis	Marion
Marks, Ora L.	East Chicago	Lake
Marks, Salvo P.	Hammond	Lake
Maroc, James A.	Munster	Lake
Maroon, Joseph C.	Indianapolis	Marion
Marquinez, Adoracion	Hammond	Lake
Marquis, Gordon	South Bend	St. Joseph
Marr, Griffith	Columbus	Bartholomew-Brown

Name	City	County
Marsh, Carl M.	Indianapolis	Marion
Marsh, George W.	Lafayette	Tippecanoe
Marshall, Cavins R. (S)	Indianapolis	Marion
Marshall W. J., Jr.	Munster	Lake
Marske, Robert L.	Michigan City	La Porte
Martin, Allen S.	Shipshewana	LaGrange
Martin, Charles F., Jr.	South Bend	St. Joseph
Martin, Freeman	Indianapolis	Marion
Martin, Hugh E.	Indianapolis	Marion
Martin, Joe M.	Rochester, Minn.	Tippecanoe
Martin, Loren H.	Rochester, Minn.	Marion
Martin, Noel J.	Boonville	Warrick
Martin, Paul H.	Elkhart	Elkhart
Martin, Samuel W.	Corydon	Harrison-Crawford
Martino, Robert S.	Gary	Lake
Martinov, William E.	South Bend	St. Joseph
Martirez, N. A.	East Chicago	Lake
Martz, Bill L.	Brownsburg	Marion
Martz, Carl D.	Indianapolis	Marion
Marvel, Howard R.	Lafayette	Tippecanoe
Marvel, James A.	Evansville	Vanderburgh
Marvel, Robert J.	Greencastle	Putnam
Masbaum, Ned P.	Indianapolis	Marion
Maschmeyer, Robert H.	Logansport	Cass
Mason, Bernard A.	South Bend	St. Joseph
Mason, Donald G.	Angola	Steuben
Mason, Earl	Gary	Lake
Mason, Everett E.	Evansville	Vanderburgh
Mason, John C.	Munster	Lake
Mason, Lester M.	Terre Haute	Vigo
Mason, Richard L.	Hammond	Lake
Massanari, Walter S.	Goshen	Elkhart
Masters, John M. (S)	Indianapolis	Marion
Mastrangelo, M. J.	Fort Wayne	Allen
Mather, Charles R.	Lafayette	Tippecanoe
Mather, Glenn B.	Bloomington	Owen-Monroe
Mather, J. Winford (S)	East Gary	Lake
Mather, Robert L.	Lafayette	Tippecanoe
Mathews, Frank	Lafayette	Tippecanoe
Mathews, James R.	Evansville	Vanderburgh
Mathewson, Russell C.	Muncie	Delaware-Blackford
Matter, Milton, Jr.	Terre Haute	Vigo
Matthew, John R.	Knox	Starke
Matthew, W. Burleigh	Indianapolis	Marion
Matthews, Bernard J. (S)	Indianapolis	Marion
Matthews, William M.	Indianapolis	Marion
Mattox, Dean L.	Howe	LaGrange
Mattox, Don M.	Terre Haute	Vigo
Matzen, Richard N.	Bluffton	Wells
Maurer, J. Frank	Brazil	Clay
Maurer, Robert M.	Brazil	Clay
Mauzy, Merritt C.	South Bend	St. Joseph
Maxam, B. T.	Indianapolis	Marion
May, A. J.	New Castle	Henry
May, R. Milton (S)	Laconia	Harrison-Crawford
Mayock, Peter P.	Bluffton	Wells
Mayorga, Alfredo	Merrillville	Lake
Mead, Frank E.	La Porte	La Porte
Mealey, John, Jr.	Indianapolis	Marion
Medina, Angelina V.	Munster	Lake
Medina, Herbert M.	Hammond	Lake
Megenhardt, Dennis S.	Indianapolis	Marion
Megremis, Theodore L.	Bloomington	Owen-Monroe
Mehne, Richard G.	Brazil	Clay
Meier, Donald W.	Bluffton	Wells
Meiser, Robert D.	Sun City, Ariz.	Huntington
Meissel, Robert L.	Terre Haute	Vigo
Meister, Doris (S)	Anderson	Madison
Mejia, Ivan	Fort Wayne	Allen
Melin, John R.	Indianapolis	Marion
Mellinger, Michael O.	LaGrange	LaGrange
Mendelson, Stanley M.	Kokomo	Howard
Mendez, Carlos (S)	Westville	LaPorte
Mendoza, Felicisimo S.	Cambridge City	Wayne-Union
Mentendiek, Maurice H.	Indianapolis	Marion
Mentzer, William G.	Lafayette	Tippecanoe
Mercado, Zenaida	Indianapolis	Marion
Mercer, Samuel R.	Fort Wayne	Allen
Mericle, Earl W.	Indianapolis	Marion
Mernitz, Roland B., Jr.	Wabash	Wabash
Merritt, A. Donald	Indianapolis	Marion
Mershon, Jack B.	Indianapolis	Marion
Mertz, John H. O.	Indianapolis	Marion
Messer, Frank W. (S)	Kendallville	Noble
Metcalfe, Grant E.	South Bend	St. Joseph
Meyer, Claude J.	Sellersburg	Clark
Meyer, Hans	Michigan City	La Porte
Meyer, Herman A.	Fort Wayne	Allen
Meyer, Theodore O.	Fort Wayne	Allen
Michael, Amos	Indianapolis	Marion
Michael, Isaac E.	Indianapolis	Marion
Michael, Robert L.	Kokomo	Howard
Michaelis, Stephen C.	Fort Wayne	Allen
Middleton, Harvey N. (S)	Indianapolis	Marion
Middleton, Ramona J.	Elkhart	Elkhart
Middleton, Thomas O.	Bloomington	Owen-Monroe
Miklozek, John E.	Terre Haute	Vigo
Milan, Joseph F.	Bloomington	Owen-Monroe
Milan, Shijachki D.	East Chicago	Lake
Milius, Elena	Gary	Lake
Miller, Albert J.	Lafayette	Tippecanoe
Miller, Charles L.	Vincennes	Knox
Miller, Dan T. (S)	Fowler	Benton
Miller, Don E.	Fort Wayne	Allen
Miller, Donald C.	Cedar Lake	Lake
Miller, Edward D.	Fort Wayne	Allen
Miller, Frank H.	Indianapolis	Marion
Miller, Galen R.	Elkhart	Elkhart
Miller, Gerald L.	Markle	Wells
Miller, H. Allison	Marion	Grant
Miller, H. Paul	Fort Wayne	Allen
Miller, Harold E.	Seymour	Jackson-Jennings
Miller, Harold L.	Richmond	Wayne-Union
Miller, Hugh A., Jr.	Elkhart	Elkhart
Miller, James	Wakarusa	Elkhart
Miller, James C.	Greensburg	Decatur
Miller, Jerry A.	Indianapolis	Marion
Miller, Jerry R.	Indianapolis	Marion
Miller, John D.	Indianapolis	Marion
Miller, John M.	Bloomington	Owen-Monroe
Miller, Joseph A.	Oaklandon	Hancock
Miller, Kenneth D.	Woodburn	Allen
Miller, L. Hoyt	Indianapolis	Marion
Miller, LaVerne B.	Evansville	Vanderburgh
Miller, Marshall S.	Evansville	Vanderburgh
Miller, Maurice	Michigan City	La Porte
Miller, Milton J.	Evansville	Vanderburgh
Miller, Orval J.	Fort Wayne	Allen
Miller, Ray D.	Martinsville	Morgan
Miller, Richard C.	Shelbyville	Shelby
Miller, Richard H.	Fort Wayne	Allen
Miller, Robert B.	Fort Wayne	Allen
Miller, Robert J.	Paragon	Morgan
Miller, Roland E.	Lafayette	Tippecanoe
Miller, Roscoe E.	Indianapolis	Marion
Miller, Samuel T. (S)	Elkhart	Elkhart
Miller, Virgil C.	Akron	Fulton
Miller, Wayne S.	Fort Wayne	Allen
Miller, William A. (S)	Hagerstown	Henry
Miller, William J.	Fort Wayne	Allen
Miller, William J.	Lafayette	Tippecanoe

Name	City	County
Millis, Arthur B.	Richmond	Wayne-Union
Millis, Samuel C.	Crawfordsville	Montgomery
Mills, Fred E.	Evansville	Vanderburgh
Mills, John F.	Wabash	Wabash
Milne, Walter S.	Michigan City	La Porte
Milos, Robert J.	Gary	Lake
Min, David	East Chicago	Lake
Minczewski, Richard C.	Gary	Lake
Minick, Linus J.	Churubusco	Whitley
Mininger, Edward P.	Elkhart	Elkhart
Mino, Robert A.	Evansville	Vanderburgh
Minter, Donald L.	Goshen	Elkhart
Mintz, Alfred M.	Munster	Lake
Mirich, Ernest C.	Merrillville	Lake
Mirro, John A.	Merrillville	Lake
Misch, William	Cedar Lake	Lake
Mishkin, Fred S.	Indianapolis	Marion
Mishkin, Irving	Elkhart	Elkhart
Mishkin, Marvin	Elkhart	Elkhart
Mishler, Joe B.	Pierceton	Whitley
Mitchell, George H.	Indianapolis	Marion
Mitchell, Georgia B.	Gary	Lake
Mitchell, James	Bloomington	Owen-Monroe
Mitchell, John B.	Evansville	Vanderburgh
Mitchell, John R.	Terre Haute	Vigo
Mitre, Isaac N.	Terre Haute	Vigo
Mladick, Edward A.	Michigan City	La Porte
Moak, Glenn D.	Indianapolis	Marion
Moats, Carl F.	Fort Wayne	Allen
Moats, George E. (S)	Fort Wayne	Allen
Moayad, Cyrus	Valparaiso	Porter
Mock, Harry E., Jr.	Franklin	Johnson
Mock, L. Farrell	Bluffton	Wells
Modisett, Jackson W.	Madison	Jefferson-Switzerland
Modisett, Marcella S.	Madison	Jefferson-Switzerland
Modjeski, Joseph R.	Griffith	Lake
Moe, John F.	Indianapolis	Marion
Moeller, Victor C.	Fort Wayne	Allen
Moenning, John E.	Greenfield	Hancock
Moheban, Joseph	Shelbyville	Shelby
Mohler, Floyd W.	Columbus	Bartholomew-Brown
Mohrs, Paul E.	Lafayette	Tippecanoe
Molengraft, Cornelius J.	Gary	Lake
Moleski, Walter L.	APO, San Francisco, Calif.	Lake
Monar, Michael	Rockport	Spencer
Moneyhun, James E.	Anderson	Madison
Monroe, F. Bruce	Merrillville	Lake
Montecillo, Antolin M.	Clinton	Parke-Vermillion
Montes, Herminio Y.	Hammond	Lake
Montgomery, Lall G.	Muncie	Delaware-Blackford
Montgomery, Ralph F.	Muncie	Delaware-Blackford
Montgomery, W. Foster	Washington, D.C.	Marion
Moon, Charles E.	Brazil	Clay
Moore, Donald F.	Indianapolis	Marion
Moore, Edwin G.	Gary	Lake
Moore, Gene	Terre Haute	Vigo
Moore, Harold T.	Indianapolis	Marion
Moore, Jack C.	Muncie	Delaware-Blackford
Moore, John M.	Kokomo	Howard
Moore, Robert G. (S)	Bicknell	Knox
Moore, Thomas S.	Indianapolis	Marion
Moore, William C. (S)	Muncie	Delaware-Blackford
Moore, William G.	La Porte	La Porte
Moores, William B.	Indianapolis	Marion
Moosey, Louis	Union Mills	La Porte
Moran, Thomas E.	Indianapolis	Marion
Morchan, Samuel	Marion	Indianapolis

Name	City	County
Morec, George J.	New Castle	Henry
Moreira, Alvaro F.	Michigan City	LaPorte
Morey, Edwin E.	Fort Wayne	Allen
Morford, Guy	Bloomington	Owen-Monroe
Morgan, Margaret E.	Indianapolis	Marion
Morgan, Milton M.	Fort Wayne	Allen
Moriarty, John R.	Indianapolis	Marion
Morrical, David L.	Logansport	Cass
Morrical, Russell J.	Logansport	Cass
Morris, Jean W.	Muncie	Delaware-Blackford
Morris, Robert A.	Anderson	Madison
Morris, Warren V.	Monticello	White
Morris, William H.	Munster	Lake
Morrison, George G., Jr.	Lawrenceburg	Dearborn-Ohio
Morrison, James T.	Greensburg	Decatur
Morrison, Lewis E.	Indianapolis	Marion
Morrow, Robert J.	Bedford	Lawrence
Morse, Robert P.	Indianapolis	Marion
Mortenson, Leland J. (S)	Fort Wayne	Allen
Morton, Joseph L.	Indianapolis	Marion
Morton, Philip M.	Indianapolis	Marion
Morton, Walter P. (S)	Indianapolis	Marion
Mosbaugh, Phillip G.	Indianapolis	Marion
Moser, Arthur L.	Warsaw	Kosciusko
Moser, Elmer B. (S)	Windfall	Tipton
Moser, Rollin H. (S)	Land O'Lakes, Wis.	Marion
Moses, George E. (S)	Worthington	Greene
Moses, Robert E.	Worthington	Greene
Moss, Bobby L.	Indianapolis	Marion
Moss, Harlan B.	Indianapolis	Marion
Moss, Herschel C.	Indianapolis	Marion
Moss, Mavor J.	Muncie	Delaware-Blackford
Mothersill, Mark H. (S)	Indianapolis	Marion
Mott, Cassell A. (S)	South Bend	St. Joseph
Moulton, Lillian G. (S)	Evansville	Vanderburgh
Mount, James L.	Bedford	Lawrence
Mount, Mathias S.	Bloomfield	Greene
Mount, William M.	Lafayette	Tippecanoe
Mountain, Francis B.	Connersville	Fayette-Franklin
Mouser, Robert W.	Indianapolis	Marion
Mudd, Joseph P.	Clarksville	Clark
Mudrony-Szoke, Jeno B.	Bluffton	Wells
Muelchi, Adeline F. (S)	Evansville	Vanderburgh
Mullen, James B.	Indianapolis	Marion
Mueller, Edwin C.	La Porte	La Porte
Mueller, Hilbert M.	South Bend	St. Joseph
Mueller, Lawrence W.	Fort Wayne	Allen
Mukhtar, Fuad A.	Lebanon	Boone
Muller, Lullus P.	Indianapolis	Marion
Muller, Paul F.	Indianapolis	Marion
Muller, Victor H.	Indianapolis	Marion
Mullican, William S.	Evansville	Vanderburgh
Munoz, Jose C.	Fort Wayne	Grant
Murphy, Edward U.	Evansville	Vanderburgh
Murphy, Joseph F.	Lansing, Ill.	Lake
Murphy, Josephine F.	South Bend	St. Joseph
Murray, Ernest C.	Kokomo	Howard
Murray, John S.	Vincennes	Knox
Murray, Raymond H.	Indianapolis	Marion
Musselman, Glen G.	Terre Haute	Vigo
Musselman, Lawrence K.	Marion	Grant
Musngi, Luciano P.	Kokomo	Howard
Myer, Claude	Sellersburg	Clark
Myers, Charles W. (S)	Indianapolis	Marion
Myers, Philip R.	South Bend	St. Joseph
Myers, Roy V. (S)	West Palm Beach, Fla.	Marion
Myers, William L.	Syracuse	Elkhart

N

Nagan, Robert F.	Indianapolis	Marion
Nalley, James	Franklin	Johnson
Nason, Robert A.	Garrett	De Kalb
Nasr, Amin T.	Portland	Jay

Name	City	County
Nasser, William K.	Indianapolis	Marion
Nation, Robert D.	Indianapolis	Marion
Navin, Hugh K.	Fortville	Hancock
Navarre, Vincent J.	Munster	Lake
Nay, Richard M.	Indianapolis	Marion
Nazon, Yvon J.	Gary	Lake
Neal, Leonard W.	Munster	Lake
Neale, Alfred E.	Anderson	Madison
Neathamer, Thomas A.	Jeffersonville	Clark
Nedelkoff, Bogdan	New Albany	Floyd
Need, David J.	Indianapolis	Marion
Need, Louis T.	Indianapolis	Marion
Need, Richard L.	Indianapolis	Marion
Neher, John L.	South Bend	St. Joseph
Neidballa, Edward G.	Bristol	Elkhart
Neifert, Noel L.	Tell City	Perry
Nelson, Bryon	Columbus	Bartholomew-Brown
Nelson, Carl A.	West Lebanon	Fountain-Warren
Nelson, F. Dale	South Bend	St. Joseph
Nelson, Harold E.	Muncie	Delaware-Blackford
Nelson, Raymond E.	South Bend	St. Joseph
Nelson, Robert	South Bend	St. Joseph
Nelson, Walfred A.	Gary	Lake
Nesbit, Leonard L. (S)	Anderson	Madison
Nester, Henry G.	Indianapolis	Marion
Neudorff, Louis G.	Terre Haute	Vigo
Neukamp, Frank H.	Connersville	Fayette-Franklin
Neumann, Kenneth O.	Lafayette	Tippecanoe
Newby, Eugene	Sheridan	Hamilton
Newcomb, William K.	Royal Center	Cass
Newhouse, Margaret L.	Morristown	Shelby
Newman, Alvin E. (S)	Ft. Lauderdale, Fla.	Vanderburgh
Newman, Daniel M.	Indianapolis	Marion
Newman, Kerry J.	Evansville	Vanderburgh
Newman, Milton A.	Logansport	Cass
Newnam, Philip E.	Muncie	Delaware-Blackford
Newnum, Raymond L.	Evansville	Vanderburgh
Newsome, C. K.	Evansville	Vanderburgh
Newton, Roger E.	Evansville	Vanderburgh
Ng, Anastacio	Indianapolis	Marion
Niccum, Warren L.	Columbia City	Whitley
Nicholas, Dennis J.	Indianapolis	Marion
Nichols, Anne Sackett	Greencastle	Putnam
Nichols, Robert J.	Vincennes	Knox
Nicholson, Raymond W.	Evansville	Vanderburgh
Nicosia, John B.	East Chicago	Lake
Nie, Louis W.	Indianapolis	Marion
Niedermayer, Alfred J.	Evansville	Vanderburgh
Nill, John H.	Fort Wayne	Allen
Nixon, Byron (S)	Farmland	Randolph
Noblitt, James S. (S)	Rockville	Parke-Vermillion
Noe, Joseph T.	East Chicago	Lake
Noe, William R.	Bedford	Lawrence
Nohl, John M.	Indianapolis	Marion
Nolan, Gerald R.	Fort Wayne	Allen
Nolan, Robert B.	Carmel	Marion
Nolin, Richard T.	Indianapolis	Marion
Nolting, Henry F. (S)	Indianapolis	Marion
Nonte, Leo R.	Evansville	Vanderburgh
Noonan, Leo C.	Valparaiso	Porter
Norman, William H.	Indianapolis	Marion
Norris, Marvin G.	Rushville	Rush
Norris, Max S.	Indianapolis	Marion
North, E. H. Jr.	Batesville	Ripley
Norton, Horace O.	Washington	Daviess-Martin
Nourse, Myron H.	Indianapolis	Marion
Novak, Clarence G.	Michigan City	LaPorte
Noveroske, Richard John	Evansville	Knox
Novy, Charles A.	Garrett	De Kalb
Nowlin, William F.	Gary	Lake
Nugent, Edwin J.	Indianapolis	Marion
Nunez, Gilbert T.	Hammond	Lake
Nurnberger, John I.	Indianapolis	Marion
Nutter, Wyndham H.	Rushville	Rush
Nuval, Augusto J.	Terre Haute	Vigo

O

Name	City	County
Oak, David D., Jr.	Hanna	La Porte
Oak, David D., Sr. (S)	LaCrosse	La Porte
Oatman, Jack G.	Fort Wayne	Allen
Oberlander, Seymour	Gary	Lake
O'Brian, Earl J.	Indianapolis	Marion
O'Brian, John F.	Fort Wayne	Allen
O'Brien, Francis E.	Rensselaer	Jasper
O'Brien, Raymond J.	Michigan City	La Porte
O'Bryan, Richard B.	Columbus	Bartholomew-Brown
Oca, Clemente F.	Jeffersonville	Clark
Ochsner, Harold C.	Indianapolis	Marion
Ockermann, Kenneth R.	Rensselaer	Jasper
O'Donovan, Cornelius J.	Elkhart	Elkhart
Odrcic, Kazimir	South Bend	St. Joseph
Odulio, Benito	Mitchell	Lawrence
Odulio, Burnhilda	Mitchell	Lawrence
Offutt, Andrew C.	Indianapolis	Marion
Ogle, Robert W.	Greenwood	Johnson
Olcott, Charles W.	Aurora	Dearborn-Ohio
Oldag, George E.	Elwood	Madison
Olivo, Marciano T.	Gary	Lake
Olson, Donald T.	South Bend	St. Joseph
Olson, Kenneth L.	South Bend	St. Joseph
Olson, Leslie D.	Merrillville	Lake
Olvey, Ottis N.	Indianapolis	Marion
Olvey, Stephen E.	Indianapolis	Marion
Omstead, Milton	Petersburg	Pike
O'Neill, Martin J.	Valparaiso	Porter
O'Neill, Martin J., Jr.	Valparaiso	Porter
Ong, Tiong G.	Valparaiso	Porter
Onorato, Joseph J.	Lafayette	Tippecanoe
Onyett, Harold R.	Greenwood	Marion
Oren, William F.	South Bend	St. Joseph
Ornelas, Joseph P.	Merrillville	Lake
O'Rourke, Carroll (S)	Fort Wayne	Allen
Orr, W. Robert	Mishawaka	St. Joseph
Osborne, John V.	Muncie	Delaware-Blackford
Oster, Jack H.	Westville	La Porte
Ostheimer, George	Martinsville	Morgan
Oswald, Robert H.	Evansville	Vanderburgh
Oswalt, James T.	Bedford	Lawrence
Otten, Claude F.	Indianapolis	Marion
Overly, Ross A.	Indianapolis	Marion
Overley, Toner M., Jr.	Indianapolis	Marion
Overpeck, George H. (S)	Alexandria	Madison
Overshiner, Lyman (S)	Columbus	Bartholomew-Brown
Owen, John E. (S)	Indianapolis	Marion
Owen, Thomas F.	Alexandria	Madison
Owens, Tracy C.	Indianapolis	Marion
Owens, Walter L.	Bloomington	Owen-Monroe
Owsley, Guy A.	Hartford City	Delaware-Blackford
Owsley, William	Newport Beach, Calif.	Delaware-Blackford
Ozsezen, Bulent A.	Evansville	Vanderburgh

P

Name	City	County
Paff, William A.	Elkhart	Elkhart
Page, Oliver W., Jr.	Indianapolis	Marion
Paine, George E.	Elkhart	Elkhart

Name	City	County
Painter, Donald S.	Fort Wayne	Allen
Painter, Lowell W.	Winchester	Randolph
Paje, Alfredo Q.	Greensburg	Decatur
Palmer, Barron M. F.	Hammond	Lake
Palmer, Harley P.	Franklin	Johnson
Palmer, Robert M.	Indianapolis	Marion
Palmer, Robert W.	Indianapolis	Marion
Palmer, W. Allen	Knox	Starke
Pamintuan, Florino G.	Munster	Lake
Pan, Charles C. M.	Fort Wayne	Allen
Pancner, Ronald J.	Fort Wayne	Allen
Pancost, Vernon K.	Elkhart	Elkhart
Pangan, Zanita A.	Valparaiso	Porter
Panos, Constantine G.	Bluffton	Wells
Pantzer, John G., Jr.	Indianapolis	Marion
Papadopoulos, Aristides P.	Elkhart	Elkhart
Pappas, Eddie T.	Gary	Lake
Paraiso, Antonio Q.	Richmond	Wayne-Union
Paras, Jose L.	Batesville	Ripley
Pareja, Frank S.	Greenfield	Hancock
Paris, Durward W.	Kokomo	Howard
Paris, John M.	New Albany	Floyd
Park, Byron J.	Richmond	Wayne-Union
Parke, William C.	Warsaw	Kosciusko
Parker, Carey B. (S)	Fort Wayne	Allen
Parker, Carl B.	Wingate	Montgomery
Parker, E. Camille	Logansport	Cass
Parker, Francis W., Jr	Logansport	Cass
Parker, George F., Jr.	Indianapolis	Marion
Parker, Harry C. (S)	Hobart	Lake
Parker, John C.	Goodland	Newton
Parker, John F.	Indianapolis	Marion
Parker, Portia (S)	Indianapolis	Marion
Parks, George O.	Hartford City	Delaware-Blackford
Parks, Herbert E.	Indianapolis	Marion
Parmenter, Harry B.	Vincennes	Knox
Parr, Robert L.	Indianapolis	Marion
Parratt, Louis W.	Gary	Lake
Parrish, Richard K.	Decatur	Adams
Parrot, Donald J.	Fort Wayne	Allen
Parshall, Dale B.	Elkhart	Elkhart
Parsons, Robert L.	South Bend	St. Joseph
Pascuzzi, Chris A.	South Bend	St. Joseph
Pastor, Julius W.	Evansville	Vanderburgh
Patterson, Jack W.	Fort Wayne	Allen
Patterson, Richard G.	Lafayette	Tippecanoe
Patterson, William K.	Anderson	Madison
Pattison, John D.	Marion	Grant
Paul, Eudell G.	Munster	Lake
Paul, Leonard G.	Michigan City	La Porte
Pauszek, Robert B.	Indianapolis	Marion
Pauszek, Thomas B. (S)	South Bend	St. Joseph
Pavlick, Theodore J.	Evansville	Vanderburgh
Payne, Arthur C. (S)	East Chicago	Lake
Paynter, Morris B.	Indianapolis	Marion
Paz, Juan A.	Indianapolis	Marion
Paz, Luis	New Castle	Henry
Peacock, Norman F.	Crawfordsville	Montgomery
Peacock, Robert C.	Muncie	Delaware-Blackford
Pearce, Roy V.	Terre Haute	Vigo
Pearce, William L.	Columbus	Bartholomew-Brown
Pearcy, Marcene	Marion	Grant
Peare, Reeve B.	Huntington	Huntington
Pearson, Huey L.	Fort Wayne	Allen
Pearson, John S.	Indianapolis	Marion
Pearson, Lyman R. (S)	Clearwater, Fla.	Marion
Pearson, William E.	Wabash	Wabash
Peck, Edward A.	Hammond	Lake
Peck, Franklin B., Jr.	Indianapolis	Marion
Peck, Franklin B., Sr. (S)	Tuscon, Ariz.	Marion
Peck, James F.	Princeton	Gibson
Peiffer, Geraldine M.	Hammond	Lake
Peirce, James D.	Indianapolis	Marion
Pell, Donald M.	Muncie	Delaware-Blackford
Pemberton, Jack J.	Evansville	Vanderburgh
Penn, Robert A.	East Gary	Lake
Pepple, W. David	Fort Wayne	Allen
Perdomo, Octavio J.	New Albany	Floyd
Perez, Cesar R.	Michigan City	La Porte
Perez, Helio C.	Indianapolis	Marion
Perez, Hilda A.	Michigan City	La Porte
Perkins, Powell L.	Kokomo	Howard
Perrin, Kermit F.	Fort Wayne	Allen
Person, Theodore C.	Veedersburg	Fountain-Warren
Pesarillo, Servando N.	Kokomo	Howard
Peters, Elmer E.	Brookville	Fayette-Franklin
Peterson, Deward D.	Terre Haute	Vigo
Peterson, James A.	Elkhart	Elkhart
Peterson, Joel A. (S)	Monticello	Tippecanoe
Peterson, Ronald L.	Plymouth	Marshall
Petitjean, Harold G.	Haubstadt	Gibson
Petranoff, Theodore V. (S)	Indianapolis	Marion
Petrass, Andrew (S)	South Bend	St. Joseph
Petrich, Peter R.	Attica	Fountain-Warren
Petry, T. Neal	Delphi	Carroll
Pettis, Arthur G.	Gary	Lake
Petway, Allen P.	Madison	Jefferson-Switzerland
Peyton, Frank W.	Lafayette	Tippecanoe
Pfaff, Dudley A. (S)	Indianapolis	Marion
Pfeifer, James M.	Lawrenceburg	Dearborn-Ohio
Pfuetze, Max E.	Logansport	Cass
Phares, Robert W.	Kokomo	Howard
Phelps, Stephen R.	South Bend	St. Joseph
Philbrook, Seth S.	La Porte	La Porte
Phillips, David L.	Indianapolis	Marion
Phillips, Donald M.	Gary	Lake
Phillips, John H.	Michigan City	La Porte
Phipps, Elwood B.	Logansport	Cass
Phipps, Leland K. (S)	Union City	Randolph
Pickerill, James M.	Lafayette	Tippecanoe
Pickett, Merle E.	Fort Wayne	Allen
Pickett, Robert D.	Indianapolis	Marion
Pierce, Emmett C., Jr.	Greenfield	Marion
Pierce, Gene S.	New Albany	Floyd
Pierce, Raymond O.	Indianapolis	Marion
Pierce, William J.	Bruceville	Daviess-Martin
Pierson, Howard	Merrillville	Lake
Pierson, Thomas A.	New Palestine	Hancock
Pietz, David G.	Bluffton	Wells
Pike, Warren H.	Hobart	Lake
Pilcher, Jack E.	Indianapolis	Marion
Pile, Stafford W., Jr.	Indianapolis	Marion
Pilecki, Peter J.	Michigan City	La Porte
Pilot, Jean	Hammond	Lake
Pippinger, Joseph I.	Muncie	Delaware-Blackford
Pippenger, Wayne G.	Muncie	Delaware-Blackford
Pitkin, McKendree C. (S)	Martinsville	Morgan
Pittman, John N.	Indianapolis	Marion
Pitts, Neal C.	Bluffton	Wells
Pizzo, Anthony	Bloomington	Owen-Monroe
Plain, George B.	South Bend	St. Joseph
Plain, George Leroy	South Bend	St. Joseph

Name	City	County
Plank, C. Robert	Michigan City	La Porte
Plasterer, Edward D.	Richmond	Wayne-Union
Platis, James M.	Gary	Lake
Pletcher, William D.	Elkhart	Elkhart
Ploetner, Edward J.	Jasper	Dubois
Poehler, Fred C.	La Fontaine	Wabash
Pohnert, Wm. Hugo	Fort Wayne	Allen
Polhemus, Warren C.	Anderson	Madison
Polite, Nicholas L.	Hammond	Lake
Pollack, Seymour L.	New Castle	Henry
Polydefkis, Dimitri	Munster	Lake
Poncher, John R.	Valparaiso	Porter
Pontius, Edwin E.	Indianapolis	Marion
Poolitsan, George C.	Bloomington	Owen-Monroe
Pope, Howard A.	New Albany	Floyd
Popp, Milton F.	Fort Wayne	Allen
Popplewell, Arvine G.	Indianapolis	Marion
Porro, Francis W.	Evansville	Vanderburgh
Porter, Carl M.	Jasonville	Greene
Porter, Edward A. (S)	Westport	Decatur
Porter, George S.	Richmond	Wayne-Union
Porter, John R.	Lebanon	Boone
Porter, Robert A.	Westport	Decatur
Portney, Fred R.	Munster	Lake
Potter, Brian	Michigan City	LaPorte
Poulosk, James T.	Lafayette	Tippecanoe
Powell, J. Paxton	Marion	Grant
Powell, M. Jack	Fort Wayne	Allen
Powell, Richard C.	Indianapolis	Marion
Powers, William R.	Lyons	Greene
Prather, Philip E.	Kokomo	Howard
Pratt, George B. III	Indianapolis	Marion
Pratt, Ralph M., Jr.	Madison	Jefferson-Switzerland
Predd, Adolph C.	La Porte	La Porte
Predd, Florian	Michigan City	LaPorte
Premuda, Franklin F.	Hammond	Lake
Prentiss, Nelson H. (S)	Oteen, N. C.	Allen
Present, Julian D.	Evansville	Vanderburgh
Pribble, Robert H.	Indianapolis	Marion
Price, Ambrose M.	Anderson	Madison
Price, David W.	Indianapolis	Marion
Price, Douglas W.	Nappanee	Elkhart
Price, Francis W.	Indianapolis	Marion
Price, James O.	Indianapolis	Marion
Price, Robert W.	Elkhart	Elkhart
Price, Shirley G.	Evansville	Vanderburgh
Priddy, Marvin E.	Fort Wayne	Allen
Probst, Edward L.	Columbus	Bartholomew-Brown
Proos, John M. III	Indianapolis	Marion
Proudfit, Charles H.	South Bend	St. Joseph
Prough, Wendell A.	Bluffton	Wells
Province, William D.	Franklin	Johnson
Pruitt, Jacob E.	Merrillville	Lake
Pryor, Richard C.	Indianapolis	Marion
Pugh, Willis L.	Evansville	Vanderburgh
Pullman, George R.	Warsaw	Kosciusko
Pulskamp, Bertrand H. (S)	Wolcottville	Noble
Purcell, Richard J.	Griffith	Lake
Puterbaugh, Karl E. (S)	Albany	Delaware-Blackford
Pyle, Harold D. (S)	South Bend	St. Joseph
Pyle, Susan K.	Union City	Randolph
Q		
Quakenbush, John	Kokomo	Howard
Quiambao, Hector S.	Ridgeville	Randolph
Quick, William J.	Muncie	Delaware-Blackford
Quigley, Joseph B.	Indianapolis	Marion
Quigley, Joseph W.	Indianapolis	Marion
Quilty, Thomas J.	Goshen	Elkhart
R		
Rabasa, Rafael	Mishawaka	St. Joseph
Rabelo, John S.	Beverly Shores	Porter
Raber, Robert M.	Indianapolis	Marion
Radcliff, Forest F., Jr.	Evansville	Vanderburgh
Radcliffe Lee E.	Evansville	Vanderburgh
Rader, George S.	Indianapolis	Marion
Radigan, Leo R.	Merrillville	Lake
Radpour, Shokri	Kokomo	Howard
Rafalski, Thomas A.	Indianapolis	Marion
Ragan, William D.	Indianapolis	Marion
Rajachar, Mathikere R.	Marion	Grant
Ralston, Marc A.	Lafayette	Tippecanoe
Ramage, Walter F.	Indianapolis	Marion
Ramey, John W. (S)	Kokomo	Howard
Ramirez, Efren A.	Indianapolis	Marion
Ramker, Daniel T.	Hammond	Lake
Ramsdell, Glen A.	Richmond	Wayne-Union
Ramsey, Frank B.	Indianapolis	Marion
Ramsey, George F.	Lafayette	Tippecanoe
Ramsey, Hugh S.	Bloomington	Owen-Monroe
Ranck, Benjamin A.	Columbus	Bartholomew-Brown
Rand, B.O.	New Albany	Floyd
Randall, Thomas A.	Lafayette	Tippecanoe
Raney, Ben B.	Linton	Greene
Rang, A. A. (S)	Washington	Daviess-Martin
Rang, Robert H.	Washington	Daviess-Martin
Rank, William B.	Fort Wayne	Allen
Rankin, Francis E.	Gary	Lake
Ransburg, Robert C.	Fort Wayne	Allen
Rapp, George F.	Indianapolis	Marion
Rasch, George C., Jr.	Munster	Lake
Rasmussen, Ruth F.	South Bend	St. Joseph
Ratcliff, Frank W.	Lafayette	Tippecanoe
Ratcliffe, Albert W.	Evansville	Vanderburgh
Ratts, Larry D.	Bloomington	Owen-Monroe
Rau, Charles A.	Columbus	Bartholomew-Brown
Rauh, Robert A.	Wabash	Wabash
Rausch, Norman W.	Angola	Steuben
Rawlins, Carolyn M.	Munster	Lake
Rawls, George H.	Indianapolis	Marion
Ray, Carl S.	Indianapolis	Marion
Ray, James A.	Bloomington	Owen-Monroe
Raymond, James R.	Lafayette	Tippecanoe
Raymundo, Luciano	Munster	Lake
Raymundo, Vivencio F.	Attica	Fountain-Warren
Rea, Ralph L.	Greenfield	Hancock
Rea, Thomas J.	Edwardsburg, Mich.	St. Joseph
Read, John E.	Chesterton	Porter
Receveur, Paul E.	Jeffersonville	Floyd
Receveur, Robert	New Albany	Floyd
Records, Arthur W. (S)	Franklin	Johnson
Records, John M.	Franklin	Johnson
Reed, Edsel S.	Jeffersonville	Clark
Reed, James C.	Elkhart	Elkhart
Reed, John D.	Fort Wayne	Allen
Reed, John J.	Hobart	Lake
Reed, Philip B.	St. Petersburg, Fla.	Marion
Reed, Robert C.	Terre Haute	Vigo
Reed, Robert F.	Mishawaka	St. Joseph
Reed, Robert G., Jr.	Plymouth	Marshall
Reed, Roger R.	Anderson	Madison
Reed, Ronald R.	Hammond	Lake
Reed, Thomas E.	Indianapolis	Marion
Reeder, Henry H. (S)	Jeffersonville	Clark
Reedy, Richard L.	Muncie	Delaware-Blackford
Rees, Russel C.	Indianapolis	Marion
Reeve, Bryce L.	Whiting	Lake
Regan, George L.	Sellersburg	Clark
Reich, Clarence E.	Evansville	Vanderburgh
Reid, Charles A.	Indianapolis	Marion
Reid, Donald B.	Columbia City	Whitley

Name	City	County
Reid, James D.	Marion	Grant
Reid, Robert M.	Columbus	Bartholomew-Brown
Reid, Robert W. (S)	Union City	Randolph
Reitman, Paul H.	East Chicago	Lake
Reitz, Lawrence A.	Indianapolis	Marion
Remich, Antone C.	Munster	Lake
Renbarger, Lester L.	Marion	Grant
Rendel, Donald T.	Munster	Lake
Rendel, Harold E.	Peru	Miami
Renforth, William	Connersville	Fayette-Franklin
Repay, Walter A.	Munster	Lake
Reppert, Roland L.	Decatur	Adams
Ress, Gene E.	Tell City	Perry
Reszel, Paul A.	Fort Wayne	Allen
Reul, George M.	Muncie	Delaware-Blackford
Reuter, John W.	Bedford	Lawrence
Reyes, Diego C.	Peru	Miami
Reynolds, James S.	Merrillville	Lake
Reynolds, Paul	Franklin	Johnson
Reynolds, Ralph E.	Middletown	Madison
Reynolds, Richard J.	Terre Haute	Vigo
Rezvan, Nader	Bloomington	Owen-Monroe
Rhamy, Arthur P. (S)	Wabash	Grant
Rhamy, Donald E.	Marion	Grant
Rhee, Sang K.	Fort Wayne	Allen
Rheinheimer, Floyd L.	Milford	Elkhart
Rhind, Alexander W. (S)	Hammond	Lake
Rhodes, Alfred K.	Lawrenceburg	Dearborn-Ohio
Rhorer, John G.	Marion	Grant
Rhynearson, Hal R.	Fortville	Hancock
Rhynearson, William R.	Fortville	Hancock
Ricchetti, Warren F.	Covington, Ky.	Tippecanoe
Rice, Frederic A., Jr.	Indianapolis	Marion
Rice, Katherine K.	South Bend	St. Joseph
Rice, Raymond D.	Indianapolis	Marion
Rice, Raymond M.	Indianapolis	Marion
Rich, Norval S.	Decatur	Adams
Rich, Richard B.	Indianapolis	Marion
Richard, Norman F.	Angola	Steuben
Richards, Alan D.	Fort Wayne	Allen
Richards, Dean	South Bend	St. Joseph
Richards, Edgar E.	Russellville	Montgomery
Richardson, Joseph D.	Rochester	Fulton
Richardson, Joseph H.	Fort Wayne	Allen
Richart, James V. (S)	Terre Haute	Vigo
Richmond, Harold W.	Columbus	Bartholomew-Brown
Richter, Arthur B.	Indianapolis	Marion
Richter, John C.	La Porte	La Porte
Richter, Samuel	Merrillville	Lake
Ridgway, Alton H.	Lapel	Madison
Ridlon, Albert	Madison	Jefferson-Switzerland
Ridolfo, Anthony S.	Indianapolis	Marion
Rieger, I. Taylor	Bloomington	Owen-Monroe
Rietman, H. Jerome	Evansville	Vanderburgh
Rifner, Eugene S.	Van Buren	Grant
Rigaux, Armand J.	South Bend	St. Joseph
Rigg, John F. (S)	N. Palm Beach, Fla.	Marion
Riggs, Floyd C. (S)	Terre Haute	Vigo
Riggs, Wendell A.	Lafayette	Tippecanoe
Riley, Henry S.	Madison	Jefferson-Switzerland
Riley, Paul D.	Washington, D.C.	Marion
Rimel, James F.	Plymouth	Marshall
Rinehart, James J.	Kokomo	Howard
Riner, Jack K.	Indianapolis	Marion
Ringer, William A.	Williamsport	Fountain-Warren
Rinne, John I. (S)	Bradenton, Fla.	Madison
Riordan, John F.	Valparaiso	Porter
Rissing, Walter J.	Fort Wayne	Allen
Ritchie, William D.	Evansville	Vanderburgh
Ritchey, James O.	Indianapolis	Marion
Ritteman, George W.	Franklin	Johnson
Ritter, Merrill A.	Indianapolis	Marion
Ritter, Wayne L.	Indianapolis	Marion
Rittmeyer, Jack L.	Muncie	Delaware-Blackford
Ritz, Albert S.	Evansville	Vanderburgh
Rivers, Glynn A.	Muncie	Delaware-Blackford
Rivers, Thomas A.	Colorado Springs	Delaware-Blackford
Robb, John A.	Indianapolis	Marion
Robbins, Lewis C.	Indianapolis	Marion
Roberto, Benjamin V.	Austin	Scott
Roberts, Billy J.	South Bend	St. Joseph
Roberts, Warren C.	Indianapolis	Marion
Robertson, Addis N. (S)	New Albany	Floyd
Robertson, James A.	Evansville	Vanderburgh
Robertson, James S.	Plymouth	Marshall
Robertson, Robert E.	Sellersburg	Clark
Robertson, William C.	Chesterton	Porter
Robertson, William S.	Spiceland	Henry
Robinson, Earle U., Jr.	Indianapolis	Marion
Robinson, Nan	New Albany	Floyd
Robinson, Robert D.	Bloomington	Owen-Monroe
Robinson, Walter K.	Gary	Lake
Robison, Roger F.	Bloomington	Owen-Monroe
Roby, Alma L.	Jeffersonville	Clark
Roch, L. Marshall	Muncie	Delaware-Blackford
Rochlin, Isidore	Indianapolis	Marion
Rockey, Noah A. (S)	Ft. Lauderdale, Fla.	Allen
Roesch, Ryland P.	Indianapolis	Marion
Roeske, Nancy A.	Indianapolis	Marion
Rogers, Donald B.	Madison	Jefferson-Switzerland
Rogers, Donald L.	Indianapolis	Marion
Rogers, Evered E.	Auburn	De Kalb
Rogers, R. Shirrell	Terre Haute	Vigo
Rogers, Thomas P. (S)	La Jolla, Calif.	Marion
Rogge, James D.	Indianapolis	Marion
Roggenkamp, Milton W.	W. Lafayette	Tippecanoe
Rohn, Robert J.	Indianapolis	Marion
Rohrer, Bryce B.	Walkerton	St. Joseph
Rohrer, James R.	Elnora	Daviess-Martin
Roig, Jose H.	Merrillville	Lake
Roller, Charles W. (S)	Indianapolis	Marion
Roller, Mac C.	Franklin	Johnson
Rollins, Thomas K.	Bloomington	Owen-Monroe
Romberger, Floyd T., Jr.	Indianapolis	Marion
Romero, Plinio	East Chicago	Lake
Rommel, Clarence H. (S)	W. Lafayette	Tippecanoe
Roof, Roger S.	Greencastle	Putnam
Roose, Lisle W.	Nappanee	Elkhart
Ropp, Harold E.	New Harmony	Posey
Rosales, Marina N.	Highland	Lake
Rose, Robert E.	Spencer	Owen-Monroe
Rosenak, Bernard D.	Indianapolis	Marion
Rosenbaum, Irving, Jr.	Indianapolis	Marion
Rosenbaum, Lloyd E.	Anderson	Madison
Rosenberg, Gabriel J.	Indianapolis	Marion
Rosenblatt, Bernard B.	Evansville	Vanderburgh
Rosenbloom, Philip J. (S)	Gary	Lake
Rosene, Harold A., Jr.	Terre Haute	Vigo
Rosenheimer, George M. (S)	South Bend	St. Joseph
Rosenthal, Carl	Hammond	Lake

Name	City	County
Rosenwasser, Jacob	Mishawaka	St. Joseph
Roser, Arthur J.	Fort Wayne	Allen
Rosero, M. George	Kewanna	Marshall
Rosevear, Henry J.	Hammond	Lake
Ross, Alexander T.	Indianapolis	Marion
Ross, Ben R. (S)	Bloomington	Owen-Monroe
Ross, David E., Jr.	Gary	Lake
Ross, Edward	Indianapolis	Marion
Ross, Glenn E.	Washington	Daviess-Martin
Ross, Guy E.	Anderson	Madison
Ross, James B.	Bloomington	Owen-Monroe
Rosser, Rudolph A.	Muncie	Jay
Roth, Bertram S.	Indianapolis	Marion
Roth, James R.	Columbia City	Whitley
Roth, Leo	Gary	Lake
Roth, Melvin I.	Gary	Lake
Rothberg, Maurice	Fort Wayne	Allen
Rothrock, Philip W.	Lafayette	Tippecanoe
Rotman, Harry G.	Jasonville	Greene
Rotman, Sam I.	Jasonville	Greene
Rouen, Robert L.	Elkhart	Elkhart
Rourke, Robert F.	Terre Haute	Vigo
Rousseau, John W.	Fort Wayne	Allen
Row, D. Hamilton (S)	Indianapolis	Marion
Row, George S.	Osgood	Ripley
Rowe, George A.	Huntsville, Ala.	Marion
Royster, George M. (S)	Evansville	Vanderburgh
Royster, Robert A.	Evansville	Vanderburgh
Rubens, Eli	South Bend	St. Joseph
Rubin, Simon S.	Gary	Lake
Rucker, Warren R.	Madison	Jefferson-Switzerland
Ruddell, Karl R. (S)	Indianapolis	Marion
Ruddell, Keith R.	Indianapolis	Marion
Rudesill, Cecil L. (S)	Indianapolis	Marion
Rudesill, Robert L.	Indianapolis	Marion
Rudicel, Max	Kokomo	Howard
Rudolph, Carl J.	South Bend	St. Joseph
Rudolph, Kenneth J.	Evansville	Vanderburgh
Rudolph, Stephen J., Jr.	Dover, Del.	Marion
Rudser, Donald H.	Whiting	Lake
Rudwell, George H.	Richmond	Marion
Rudy, Donald B.	Rhodesia, S. Africa	Wells
Ruff, Jerard G.	Bloomington	Owen-Monroe
Ruiz, Carlos M.	Boonville	Warrick
Rule, Ned P.	Evansville	Vanderburgh
Runge, Paul W.	Richmond	Wayne-Union
Ruoff, William F.	New Albany	Floyd
Rupe, Lloyd O.	Elkhart	Elkhart
Rupel, Dennis F.	Elkhart	Elkhart
Rusche, Henry J.	Evansville	Vanderburgh
Rusche, Herman F.	Indianapolis	Marion
Rusche, Thomas J.	Evansville	Vanderburgh
Ruschli, Edward B. (S)	Lafayette	Tippecanoe
Rusher, Merrill W.	Fort Wayne	Allen
Rushmore, Charles H.	Indianapolis	Marion
Rusk, Hubert M.	Wallace	Fountain-Warren
Russell, Donald E.	Indianapolis	Marion
Russell, Henry T.	W. Lafayette	Tippecanoe
Russell, John R.	Indianapolis	Marion
Russell, Richard H.	Evansville	Vanderburgh
Russo, Andrew E.	Crown Point	Lake
Rust, Byron K.	Sarasota, Fla.	Marion
Rust, Roland B.	Indianapolis	Marion
Ruth, Martin L. (S)	Indianapolis	Marion
Rutherford, Charles E.	Lafayette	Tippecanoe
Ryan, C. David	Columbus	Bartholomew-Brown
Ryan, Glen V.	Indianapolis	Marion
Ryan, Hubert J. (S)	Gary	Lake
Ryan, William J.	Columbus	Bartholomew-Brown
Saavedra, Bernardo	Gary	Lake

Name	City	County
S		
Sabens, James A.	Indianapolis	Marion
Sablay, Nonito M.	Terre Haute	Vigo
Sabo, Wm. J.	Hammond	Lake
Safavan, Efandiar	Terre Haute	Vigo
Sage, Charles V., Jr.	Richmond	Wayne-Union
Sage, Russell A., Jr.	Canon AFB, New Mex.	Marion
Sage, Russell A. (S)	Indianapolis	Marion
Sahlmann, Hans (S)	Fort Wayne	Allen
Saint, William K.	New Castle	Henry
Sala, Joseph J.	Gary	Lake
Sala, Walter R.	Gary	Lake
Salb, John P.	Jasper	Dubois
Salb, Leo A. (S)	Jasper	Dubois
Salon, Harry W.	Fort Wayne	Allen
Salon, Joel W.	Fort Wayne	Allen
Salon, Nathan L. (S)	Fort Wayne	Allen
Salsburg, Herbert E.	Hamlet	La Porte
Salvo, At S.	Williamsport	Fountain-Warren
Sanchez, Jose D.	La Porte	La Porte
Sanders, Bertram W.	Connersville	Fayette-Franklin
Sanders, Fred	Indianapolis	Marion
Sanders, Harry M.	Indianapolis	Marion
Sanderson, Robert B. (S)	South Bend	St. Joseph
Sandlin, Donald L.	Columbus	Bartholomew-Brown
Sandock, Louis F.	South Bend	St. Joseph
Sandoz, Harry H. (S)	South Bend	St. Joseph
Santare, Vincent J.	Munster	Lake
Santelices, Vivente B.	Fort Wayne	Allen
Santschi, Don R.	East Chicago	Lake
Saperstein, Morris	Indianapolis	Marion
Sappenfield, Ralph S.	Indianapolis	Marion
Sar Kar, Anil K.	Terre Haute	Vigo
Sato, Takuya	Indianapolis	Marion
Saucelo, Bart M.	South Bend	St. Joseph
Sayers, Frank E. (S)	Terre Haute	Vigo
Scales, Alfred B. (S)	Huntingburg	Dubois
Scales, Allen D.	Huntingburg	Dubois
Scamahorn, Malcolm O.	Pittsboro	Hendricks
Scea, Wallace A.	Elwood	Madison
Schaab, Eric	Fort Wayne	Allen
Schaaf, Alvin D.	Jamestown	Boone
Schaefer, Joseph C.	Shreveport, La.	Wells
Schaen, Michael D.	Dillsboro	Dearborn-Ohio
Schafer, William C.	Washington	Daviess-Martin
Schaffer, Edward V.	Indianapolis	Marion
Schaffer, James J.	Bloomington	Owen-Monroe
Schantz, Richard	Remington	Jasper
Schaphorst, Richard A.	Mishawaka	St. Joseph
Scharbrough, Wm. D.	Ewing	Jackson-Jennings
Schauwecker, Cleon M.	Greencastle	Putnam
Schechter, John S.	Indianapolis	Marion
Scheer, Alexander L.	Elkhart	Elkhart
Scheeres, Jacob W.	Lafayette	Tippecanoe
Scheeringa. Ronald H.	Fort Wayne	Allen
Scheidler, James A.	Indianapolis	Marion
Scheier, Emil W. (S)	Indianapolis	Marion
Scheimann, Lois	Valparaiso	Porter
Schell, H. Richard	Bloomington	Owen-Monroe
Schenck, Ralph E.	Portland	Jay
Scherb, Burton E.	Terre Haute	Vigo
Scherschel, J. Kent	Seattle, Wash.	Delaware-Blackford
Scherschel, John P.	Bedford	Lawrence
Scherschel, Thomas R.	Kokomo	Howard
Schiefer, Hildegard	Martinsville	Marion
Schiller, Herbert A.	South Bend	St. Joseph
Schilling, Richard J.	Bloomington	Owen-Monroe
Schimmelpfennig, Robert W.	Evansville	Vanderburgh

Name	City	County
Schirmer, Robert H.	Evansville	Vanderburgh
Schlademan, Karl R.	Fort Wayne	Allen
Schlaegel, Theo. F., Jr.	Indianapolis	Marion
Schlegel, Donald M.	Indianapolis	Marion
Schleinkofer, Robert M.	Fort Wayne	Allen
Schlesinger, Daniel J.	Munster	Lake
Schloss, Robert P.	Fort Wayne	Allen
Schlossberg, Victor E., Jr.	Mishawaka	St. Joseph
Schlosser, Herbert C. (S)	Elkhart	Elkhart
Schmalhausen, Ansel W.	Indianapolis	Marion
Schmidt, Eugene E.	Fort Wayne	Allen
Schmidt, Loren F.	Indianapolis	Marion
Schmiedicke, Paul H.	W. Lafayette	Tippecanoe
Schmitt, Richard K. (S)	Columbus	Bartholomew-Brown
Schmitt, Robert J.	Michigan City	Lake
Schmitt, Robert W.	Richmond	Wayne-Union
Schmoll, Robert J.	Fort Wayne	Allen
Schmoyer, Maurice R.	Indianapolis	Marion
Schneider, Carl J.	Indianapolis	Marion
Schneider, Charles P.	Evansville	Vanderburgh
Schneider, Kenneth D.	Columbus	Bartholomew-Brown
Schneider, Louis A.	Fort Wayne	Allen
Schneider, Paul A.	Indianapolis	Marion
Schnute, Richard B.	Indianapolis	Marion
Schoen, Frederic L.	Fort Wayne	Allen
Schoenhals, Charles E.	Fort Wayne	Allen
Schoolfield, William E.	Orleans	Orange
Schoonveld, Arthur	Brook	Newton
Schreiner, John E.	Bremen	Marshall
Schrepferman, Wayne	Hamilton	Steuben
Schriefer, Victor V.	Evansville	Vanderburgh
Schroeder, James E.	Indianapolis	Marion
Schubert, Jerome C.	Fort Wayne	Allen
Schubert, Philip C.	Fort Wayne	Allen
Schuchman, Gabriel	Indianapolis	Marion
Schulhof, Maurice G.	Muncie	Delaware-Blackford
Schultheis, Richard L.	Bloomington	Owen-Monroe
Schulz, Kurt J.	Gary	Lake
Schumacher, Richard R.	Indianapolis	Marion
Schumaker, Robert A.	Terre Haute	Vigo
Schuman, Harvey A.	Albuquerque, N. Mex.	Marion
Schuster, Dwight W.	Indianapolis	Marion
Schwartz, Frederick C.	Kokomo	Howard
Schwartz, Jack	Munster	Lake
Schwartz, Mary M.	Hammond	Lake
Scofield, John B.	Indianapolis	Marion
Scott, Frank M.	South Bend	St. Joseph
Scott, George E.	Indianapolis	Marion
Scott, H. Vaughn	Fort Wayne	Allen
Scott, Irvin H.	Sullivan	Sullivan
Scott, I. Winfield	Indianapolis	Marion
Scott, John R.	Indianapolis	Marion
Scott, John S.	La Porte	La Porte
Scott, Robert O.	Charlottesville	Hancock
Scott, Samuel L.	Indianapolis	Marion
Scott, V. Brown	Shelbyville	Shelby
Scudder, Arthur N.	Brownsburg	Hendricks
Scudder, Gary E.	Lawrenceburg	Dearborn-Ohio
Scudder, James P.	Fort Wayne	Allen
Scully, John T.	Merrillville	Lake
Scully, William E.	Terre Haute	Vigo
Seagle, William C.	Bloomington	Owen-Monroe
Seal, Perry F.	Brookville	Fayette-Franklin
Seaman, Charles F.	Indianapolis	Marion
Searight, Howard R.	Muncie	Delaware-Blackford
Searight, John L.	Indianapolis	Marion
Seat, Marshall H.	Washington	Daviess-Martin
Sebahar, Duane	Columbus	Bartholomew-Brown
Sedam, Herbert L.	Indianapolis	Marion
Seese, Robert M.	Delphi	Carroll
Seibel, Robert M.	Nashville	Bartholomew-Brown
Seipel, Stanley	Lanesville	Harrison-Crawford
Sekulich, Milo	Kokomo	Howard
Sellers, Francis M.	Mishawaka	St. Joseph
Sellmer, George W.	Indianapolis	Marion
Semerdjian, Aram	Gary	Lake
Sennett, William K.	Macy	Miami
Senseny, Eugene F.	Fort Wayne	Allen
Serna, Carlos A.	East Chicago	Lake
Serrano, Jose F.	Munster	Lake
Seward, George W.	North Manchester	Wabash
Sexson, Hiram T.	Indianapolis	Marion
Seybert, Thomas C.	Indianapolis	Marion
Seyler, Anna G. (S)	La Verne, Calif.	Lake
Shafer, Marion R.	Indianapolis	Marion
Shafer, Richard H.	Alexandria	Madison
Shaffer, Kenneth L.	Vincennes	Knox
Shaffer, William R.	Greensburg	Decatur
Shahbahrami, Farrokh	Bloomington	Owen-Monroe
Shallenberger, Henry R.	Modoc	Randolph
Shanafelt, Donald K.	Indianapolis	Marion
Shanklin, Jack L.	Vincennes	Knox
Shanklin, Vernon A. (S)	Terre Haute	Vigo
Shanks, Ray W. (S)	Noblesville	Hamilton
Shannon, Wesley E.	Crawfordsville	Montgomery
Shapiro, Burton J.	Indianapolis	Marion
Shapiro, Joseph	Gary	Lake
Shapiro, Seymour W.	Merrillville	Lake
Sharp, Merle C.	South Bend	St. Joseph
Sharp, William L.	Anderson	Madison
Shattuck, John C.	Brazil	Clay
Shaw, Glenn R.	Bluffton	Wells
Shaw, Houston W.	Jeffersonville	Clark
Shaw, Matthew C.	Muncie	Delaware-Blackford
Sheehan, E. Gregg	Evansville	Vanderburgh
Sheehan, Francis G.	Beech Grove	Marion
Sheek, Kenneth I.	Greenwood	Johnson
Sheets, Charles E.	Manilla	Rush
Sheldon, Suel A.	Anderson	Madison
Sheller, Tom G.	Logansport	Cass
Shelley, Edward S.	South Bend	St. Joseph
Shelley, Richard J.	Indianapolis	Marion
Shelton, Clyde F.	New Albany	Floyd
Shepard, Fred F.	College Corner, Ohio	Wayne-Union
Sherer, Kenneth E.	Richmond	Wayne-Union
Sherman, David E.	Lafayette	Tippecanoe
Sherster, Harry	Indianapolis	Marion
Sherwood, Clarence E.	Madison, S.D.	Allen
Sherwood, J. Vincent (S)	Largo, Fla.	Allen
Shevick, Alexander	Valparaiso	Lake
Shields, Duncan M.	Chesterton	Porter
Shields, Jack E.	Brownstown	Jackson-Jennings
Shields, Tom S.	Richmond	Wayne-Union
Shina, Hassi	Charlestown	Clark
Shinabery, Lawerence (S)	Fort Wayne	Allen
Shipley, Edward	Indianapolis	Marion
Shively, John L.	Lafayette	Tippecanoe
Shively, Wyant J.	Evansville	Vanderburgh
Shoemaker, Richard L.	Gas City	Grant
Sholty, William M.	Lafayette	Tippecanoe
Short, John A.	Richmond	Wayne-Union
Short, John T. (S)	Fort Wayne	Allen

Name	City	County
Showalter, John R.	Terre Haute	Vigo
Shriber, William H.	South Bend	St. Joseph
Shriner, Richard L.	South Bend	St. Joseph
Shriner, William C.	Terre Haute	Vigo
Shrock, Ethan E.	Amboy	Grant
Shroyer, Herbert L.	Dunkirk	Jay
Shuck, William A.	Madison	Jefferson-Switzerland
Shuck, William A., Jr.	Marion	Grant
Shugart, Robert R.	Fort Wayne	Allen
Shulruff, Harry I.	East Chicago	Lake
Shultz, Clifford	Butler	De Kalb
Shumacker, Harris B., Jr.	Indianapolis	Marion
Sibbitt, Joseph W.	Bloomington	Owen-Monroe
Sicks, Okla W. (S)	Indianapolis	Marion
Sidel, Alan W.	Fort Wayne	Allen
Sidell, James P.	New Haven	Allen
Siderys, Harry	Indianapolis	Marion
Siebe, Jack C.	Indianapolis	Marion
Siebenmorgen, Paul	Terre Haute	Vigo
Siegel, Lyle P.	Evansville	Vanderburgh
Siekierski, Joseph M.	Griffith	Lake
Siersdorfer, Theodore N. (S)	Indianapolis	Marion
Sigmond, Harvey W.	Indianapolis	Marion
Sigmund, William B.	Columbus	Bartholomew-Brown
Silbert, David B.	Shelbyville	Shelby
Siler, George B.	Whiting	Lake
Silver, Richard A.	Indianapolis	Marion
Silverman, Norman M.	Terre Haute	Vigo
Silvero, Hubert L.	Fort Wayne	Allen
Silvers, Michael	N. Manchester	Wabash
Silvian, Harry A.	Whiting	Lake
Simmons, Frederick H.	Marion	Grant
Simmons, James E.	Indianapolis	Marion
Sims, J. Lawrence	Indianapolis	Marion
Singco, Bienvenido	Greenfield	Hancock
Sinn, Charles M.	Evansville	Vanderburgh
Sirlin, Edward M.	Fort Wayne	Allen
Sirugo, Aldo C.	La Porte	La Porte
Sison, Rose D.	Terre Haute	Vigo
Sison, Vicente G.	Terre Haute	Vigo
Sisson, Norvel D.	South Bend	St. Joseph
Sixbey, Maurice D.	Denver	Miami
Skillern, Scott D.	South Bend	St. Joseph
Skomp, Claud E.	Marion	Grant
Slama, George F.	Merrillville	Lake
Slama, John T.	Merrillville	Lake
Slaughter, Howard C.	Evansville	Vanderburgh
Slaughter, John C., Jr.	Evansville	Vanderburgh
Slaughter, Owen L.	Evansville	Vanderburgh
Slichenmyer, Jack E.	Indianapolis	Marion
Slick, Crystal R.	Winchester	Randolph
Slifer, E. Doyle	Indianapolis	Marion
Sloan, W. Keith	Madison	Jefferson-Switzerland
Slominski, Harry H. (S)	South Bend	St. Joseph
Sluss, David H. (S)	Indianapolis	Marion
Small, Iver F.	Indianapolis	Marion
Smith, Barton T.	Marion	Grant
Smith, C. Curtis	Fort Wayne	Allen
Smith, Charles F.	Kokomo	Howard
Smith, David E.	Indianapolis	Marion
Smith, David L. (S)	Indianapolis	Marion
Smith, E. Rogers (S)	Indianapolis	Marion
Smith, Evrett E.	Marion	Grant
Smith, Francis C. (S)	Indianapolis	Marion
Smith, Fred, Jr.	Tell City	Perry
Smith, Gordon L.	Evansville	Vanderburgh
Smith, Herschel S.	Bloomington	Owen-Monroe
Smith, Jerald E.	Munster	Lake
Smith, John A.	LaPorte	LaPorte
Smith, John H.	Greenfield	Hancock
Smith, Lee	South Bend	St. Joseph
Smith, Lloyd H.	North Manchester	Wabash
Smith, Lowell C.	Lafayette	Tippecanoe
Smith, Mark E.	New Castle	Henry
Smith, Philip L.	Fort Wayne	Allen
Smith, Ralph O.	Vincennes	Knox
Smith, Ray C.	Indianapolis	Marion
Smith, Robert D.	Lowell	Lake
Smith, Roger C.	Fort Wayne	Allen
Smith, Roy Lee (S)	Indianapolis	Marion
Smith, Roy M., Jr.	Evansville	Vanderburgh
Smith, Stephen D.	Knightstown	Rush
Smith, Theodore J.	Sarasota, Fla.	Lake
Smitley, Roger P.	Munster	Lake
Smucker, Ernest E.	Goshen	Elkhart
Smyrniotis, Frank	Wabash	Wabash
Snapp, Richard A.	Columbus	Bartholomew-Brown
Sneary, Max E.	Avilla	Noble
Snider, Byron (S)	Escondido, Calif.	Marion
Snider, Roland	Warsaw	Kosciusko
Snively, William D., Jr.	Evansville	Vanderburgh
Snodgrass, Robert E.	Indianapolis	Marion
Snowhite, Arthur B.	Marion	Grant
Snyder, Morris C.	Richmond	Wayne-Union
Snyder, Parker W.	Peru	Miami
Snyderman, Sanford C.	Fort Wayne	Allen
Sobat, William S.	Indianapolis	Marion
Sobol, Z. W.	South Bend	St. Joseph
Sokol, Allen B.	Whiting	Lake
Solis, Roger V.	Hammond	Lake
Solomon, Reuben A. (S)	Indianapolis	Marion
Solymos, Maria	Warsaw	Kosciusko
Somerville, J. W.	Clinton	Parke-Vermillion
Sonne, Irvin H., Jr.	New Albany	Floyd
Soper, Hunter A.	Indianapolis	Marion
Sorrells, George W.	Bedford	Lawrence
Souder, Bonnell M. (S)	Auburn	De Kalb
Souter, Martha C. (S)	Indianapolis	Marion
South, Dale R., Jr.	Elkhart	Elkhart
Sovine, Joe W.	Indianapolis	Marion
Sowa, Elizabeth	Evansville	Vanderburgh
Sowa, Ronald W.	Evansville	Vanderburgh
Spahr, Donald E.	Sarasota, Fla.	Jay
Spahr, John F., Jr.	Indianapolis	Marion
Spain, W. Thomas	Evansville	Vanderburgh
Spalding, David L.	Mishawaka	St. Joseph
Spalding, Joseph J.	Indianapolis	Marion
Spalding, Wendell L.	Mishawaka	St. Joseph
Spangler, Jesse S. (S)	Kokomo	Howard
Sparks, Alan L.	Indianapolis	Marion
Sparks, Paul W.	Winchester	Randolph
Spears, John K.	Paoli	Orange
Spears, John M.	Indianapolis	Marion
Speas, Robert C.	Terre Haute	Vigo
Speck, Carlson R.	Muncie	Delaware-Blackford
Speer, David L.	Evansville	Vanderburgh
Speer, Thomas A.	Chicago, Ill.	Lake
Spellman, Frank W.	Gary	Lake
Spellmeyer, John C.	Richmond	Wayne-Union
Spencer, Beaufort A.	Bloomington	Owen-Monroe
Spencer, Frederic	Vincennes	Knox
Spencer, C. Herbert	Fort Wayne	Allen
Spenner, Raymond W. (S)	Cassopolis, Mich.	St. Joseph
Speybroeck, Robert C.	South Bend	St. Joseph
Spindler, Robert D.	Shelbyville	Shelby
Spivack, Mary (S)	Gary	Lake
Spolyar, Louis W.	Indianapolis	Marion

Name	City	County
Spray, Page E.	Elkhart	Elkhart
Sprecher, Herman C.	Evansville	Vanderburgh
Sprecher, James J. J.	La Porte	La Porte
Springstun, George H. (S)	Oaktown	Knox
Springstun, Walter R.	Evansville	Vanderburgh
Spurgeon, Charles H.	Indianapolis	Marion
Spurlock, Fae H.	W. Lafayette	Tippecanoe
Sputh, Carl B., Jr.	Indianapolis	Marion
Sroka, Stanley J.	Highland	Lake
Stadler, Harold E.	Indianapolis	Marion
Stafford, William C.	Plainfield	Hendricks
Stahl, Edward T.	Lafayette	Tippecanoe
Stallings, Hugh A.	Evansville	Vanderburgh
Stallman, Carl F.	Kendallville	Noble
Stalter, Gaylord W.	North Webster	Whitley
Stamper, Joseph H. (S)	Anderson	Madison
Stamper, Robert J.	Anderson	Madison
Stangle, William J.	Bloomington	Owen-Monroe
Stanley, John R.	Muncie	Delaware-Blackford
Stanley, Robert G.	Fort Wayne	Allen
Stansbury, William E.	Indianapolis	Marion
Stark, William A.	Michigan City	La Porte
Starks, William O.	Anderson	Madison
Stasick, Murray	Hammond	Lake
Stauffer, George E.	Mooreland	Henry
Stauffer, Richard C.	Fort Wayne	Allen
Staunton, Henry A.	South Bend	St. Joseph
Stayton, Chester A., Jr.	Indianapolis	Marion
Steckbeck, Robert L.	Bluffton	Wells
Stecy, Peter	Whiting	Lake
Steele, Dick J.	Greencastle	Putnam
Steele, Everett B.	Crown Point	Lake
Steele, Hugh H.	Lafayette	Tippecanoe
Steele, Lowell R.	Bloomington	Morgan
Steele, Paul W.	Evansville	Vanderburgh
Steen, Lowell H.	Hammond	Lake
Steffen, Julius T. (S)	Wabash	Wabash
Steffy, Ralph M.	Portland	Jay
Steger, Byron L.	Indianapolis	Marion
Steigmeyer, David J.	Fort Wayne	Allen
Stein, Richard H.	Vincennes	Knox
Steinem, Joseph L.	Connersville	Fayette-Franklin
Steinmetz, Edward F.	Indianapolis	Marion
Stephens, Donald E.	Indianapolis	Marion
Stephens, James P.	Crawfordsville	Montgomery
Stephens, Kuhrman H.	Indianapolis	Marion
Stephens, Lowell R.	Covington	Fountain-Warren
Stepleton, John D.	Richmond	Wayne-Union
Stern, Mona K.	Gary	Lake
Stern, Samuel L.	Hammond	Lake
Sterne, John H.	Evansville	Vanderburgh
Steury, Ernest M.	Berne	Marion
Steussy, Calvin N.	New Castle	Henry
Stevens, Adam C.	Kendallville	Wells
Stevens, Charles L.	Evansville	Vanderburgh
Stevens, Edwin W.	Munster	Lake
Stevens, Sydney L.	Indianapolis	Marion
Stevenson, Jerry L.	Anderson	Madison
Steward, Paul W.	Cedar Lake	Lake
Stewart, J. Frank W.	Vincennes	Knox
Stewart, L. Ray	Evansville	Vanderburgh
Stibbins, Warren E.	Muncie	Delaware-Blackford
Stier, Paul L.	Fort Wayne	Allen
Stilwell, William R.	Richmond	Wayne-Union
Stimson, Harry	South Bend	St. Joseph
Stine, Marshall E.	Bremen	Marshall
Stinson, Dean K.	Rochester	Fulton
Stinson, William M.	Anderson	Madison
Stiver, Daniel D.	South Bend	St. Joseph
Stoelting, J. Lewis	Terre Haute	Vigo
Stoelting, Robt. K.	Carmel	Marion
Stoelting, Vergil K.	Indianapolis	Marion
Stogdill, William J.	South Bend	St. Joseph
Stogsdill, Willis W.	Indianapolis	Marion
Stoller, Harry J.	Plymouth	Marshall
Stoller, Leon J.	Evansville	Marion
Stoltz, Robert M.	Valparaiso	Porter
Stoltzfus, Glenn B.	Elkhart	Elkhart
Stolz, Thomas J.	W. Lafayette	Benton
Stone, Alvin T.	Indianapolis	Marion
Stone, David F.	Indianapolis	Marion
Stone, Robert C.	Ligonier	Noble
Stoner, Harold E.	Bloomington	Owen-Monroe
Stookey, Richard D.	Hobart	Lake
Stoops, Jean T.	Wabash	Wabash
Storer, William R.	Indianapolis	Marion
Storey, D. Edmund	Indianapolis	Marion
Stork, Harvey K. (S)	Huntingburg	Dubois
Stouder, Albert E.	Kempton	Tipton
Stouder, Stephen R.	Indianapolis	Marion
Stout, Francis E.	Muncie	Delaware-Blackford
Stovall, Alfred	Fort Wayne	Allen
Strang, William C.	Indianapolis	Marion
Stratigos, Joseph S.	South Bend	St. Joseph
Strayer, Joseph W. (S)	Lafayette	Tippecanoe
Streck, Francis A.	Lawrenceburg	Dearborn-Ohio
Strecker, William L.	Terre Haute	Vigo
Streepey, Jefferson I.	New Albany	Floyd
Streeter, Ralph T.	Indianapolis	Marion
Stribling, James L.	Columbus	Bartholomew-Brown
Stricker, Paul J.	New Castle	Henry
Strehler, Don A.	Bluffton	Wells
Strickland, James W.	Indianapolis	Marion
Strickland, Neil R.	Indianapolis	Marion
Stringer, Drennon D.	Mishawaka	St. Joseph
Strom, Jack	Munster	Lake
Strueh, Paul E.	Evansville	Vanderburgh
Stubbins, William M.	Elkhart	Elkhart
Stucky, Elsworth K.	Indianapolis	Marion
Stucky, Jerry L.	Fort Wayne	Allen
Studebaker, Lloyd R.	LaGrange	LaGrange
Stump, Loyd K.	Indianapolis	Marion
Stump, Thomas A.	Indianapolis	Marion
Stumpf, Edwin E.	New Haven	Allen
Stuntz, Edgar C.	Lafayette	Tippecanoe
Sturdevant, Frank M.	Portage	Porter
Sturgis, Donald G.	Sellersburg	Clark
Suelzer, John G.	Indianapolis	Marion
Suess, Robert E.	Indianapolis	Marion
Sugarman, Benjamin E.	French Lick	Orange
Sulit, Severino T.	Hartford City	Delaware-Blackford
Sullivan, James J.	Indianapolis	Marion
Sullivan, John M.	Terre Haute	Vigo
Sullivan, Robert E.	Fort Wayne	Allen
Summerlin, Jack D.	Indianapolis	Marion
Sun, Chen T.	Hebron	Porter
Surian, Michael A.	Bloomington	Owen-Monroe
Surratt, Mary Norris	Indianapolis	Marion
Sutton, William E.	Indianapolis	Marion
Suzuki, Tsutomu T.	Covington	Fountain-Warren
Swaim, J. Franklin	Rockville	Parke-Vermillion
Swan, John R.	Indianapolis	Marion
Swan, Robert E.	Evansville	Vanderburgh
Swank, Lucretia R.	Elkhart	Elkhart
Swearingen, Alfred G.	Fort Wayne	Allen
Sweeney, Robert M.	South Bend	St. Joseph
Swihart, Danny D.	Elkhart	Elkhart
Swihart, Homer R.	Elkhart	Elkhart
Swihart, John J.	Argos	Marshall
Symmes, Alfred T.	Indianapolis	Marion
Szumilas, Peter P.	Anderson	Madison
Szynal, John S.	Indianapolis	Marion

Name	City	County
T		
Tabaka, Francis B.	La Porte	La Porte
Talbert, Pierre C.	Bluffton	Wells
Talbott, Dan E.	Indianapolis	Marion
Tanner, Henry S.	Paris, Ill.	Marion
Tanrikulu, Oran	Hammond	Lake
Tapley, Dwight L.	South Bend	St. Joseph
Taraba, Ralph W.	Bloomington	Owen-Monroe
Tate, Elizabeth	Dunkirk	Jay
Tate, James	Kokomo	Howard
Tate, Thomas B.	Shelbyville	Shelby
Taube, Jack I.	Indianapolis	Marion
Tavel, Morton E.	Indianapolis	Marion
Taylor, Clifford C.	Indianapolis	Marion
Taylor, Donald R.	Muncie	Delaware-Blackford
Taylor, Everett C.	Upland	Grant
Taylor, Frederic W.	Indianapolis	Marion
Taylor, James A.	Anderson	Madison
Taylor, John R.	Palestine, Ill.	Sullivan
Taylor, M. Reed, Jr.	Howe	LaGrange
Taylor, Robt. L.	Indianapolis	Marion
Taylor, Robert G.	Fort Wayne	Allen
Taylor, Willis D.	Indianapolis	Marion
Teaboldt, George A., Jr.	Logansport	Cass
Teague, Frank W.	Indianapolis	Marion
Teal, Dorothy D. (S)	Columbus	Bartholomew-Brown
Teegarden, Joseph A., Jr.	East Chicago	Lake
Teixler, Victor A.	Indianapolis	Marion
Teller, Thomas F.	Evansville	Vanderburgh
Templeton, Ames R.	Mishawaka	St. Joseph
Templeton, Ian S.	Seymour	Jackson-Jennings
Templin, David B.	Lowell	Lake
Tennant, David	Culver	Marshall
Tepfer, Milton	Indianapolis	Marion
Teplinsky, Louis L.	East Chicago	Lake
Terrill, Richard W.	Fort Wayne	Allen
Terry, Lloyd S.	Danville	Hendricks
Terry, Robert H.	Boonville	Warrick
Test, Charles E.	Indianapolis	Marion
Teter, George V.	Indianapolis	Marion
Tether, Joseph E.	Indianapolis	Marion
Tetrick, Lain	Portage	Porter
Tharp, Donald W.	Muncie	Delaware-Blackford
Tharp, John D.	Muncie	Delaware-Blackford
Tharpe, Ray G.	Indianapolis	Marion
Thatcher, Hugh K., Jr.	Indianapolis	Marion
Thayer, Benet W.	North Vernon	Jackson-Jennings
Theobald, Sterling	Jersey Shore, Pa.	Lake
Thoman, Rex L.	Indianapolis	Marion
Thomas, Andrew C.	Greenfield	Hancock
Thomas, Charles R.	Indianapolis	Marion
Thomas, Daniel D.	Gary	Lake
Thomas, E. Paul	Indianapolis	Marion
Thomas, Fred A. (S)	Indianapolis	Marion
Thomas, Gerald J.	Gary	Lake
Thomas, John R.	Fort Wayne	Allen
Thomas, Lowell I.	Indianapolis	Marion
Thomas, Michael H.	Chanute AFB, Ill.	Marion
Thomas, Morris E.	Indianapolis	Marion
Thompson, B. Jay	Marion	Grant
Thompson, Claude N.	Waynetown	Montgomery
Thompson, Frank M.	Columbia City	Whitley
Thompson, John M.	South Bend	St. Joseph
Thompson, John V.	Indianapolis	Marion
Thompson, Joseph F.	Indianapolis	Marion
Thompson, Lewis W.	Indianapolis	Marion
Thompson, Paul D.	Indianapolis	Marion
Thompson, Robert A.	South Bend	St. Joseph
Thompson, Samuel R.	Marion	Grant
Thompson, Walter T.	Jeffersonville	Clark
Thompson, Wayne H.	Indianapolis	Marion
Thompson, Wm. R.	Winamac	Pulaski
Thornton, Harold C.	Indianapolis	Marion
Thornton, Maurice J. (S)	South Bend	St. Joseph
Throop, Frank B.	Indianapolis	Marion
Thurston, Floyd F	Bloomington	Owen-Monroe
Ticsay, Bienvenido V.	Michigan City	LaPorte
Tierney, William J.	Anderson	Madison
Tignor, Sterling P.	Kokomo	Howard
Tilden, Margaret H.	Evansville	Vanderburgh
Tiley, George A.	Greenwood	Johnson
Tilka, Edward C.	Hammond	Lake
Tindall, George T.	Indianapolis	Marion
Tindall, William R.	Shelbyville	Shelby
Tinsley, Walter B. (S)	Indianapolis	Marion
Tinsley, Walter B., Jr.	Indianapolis	Marion
Tipton, William R.	Greencastle	Putnam
Tirman, Wallace S.	Mishawaka	St. Joseph
Tisserand, John B., Jr.	Evansville	Vanderburgh
Todd, David D. (S)	LaJolla, Calif.	Elkhart
Tofaute, John L.	Kokomo	Howard
Tomak, Milton E.	Linton	Greene
Tomlin, Hugh M.	Muncie	Delaware-Blackford
Tomlinson, Jerry A.	Marion	Grant
Tomusk, August N.	Fort Wayne	Allen
Tondra, John M.	Indianapolis	Marion
Topacio, Conrado S.	Edinburg	Johnson
Topolgus, James N.	Bloomington	Owen-Monroe
Topping, Malachi C.	Terre Haute	Vigo
Tord, Jose N.	Munster	Lake
Torrella, Jose A.	Indianapolis	Marion
Torres, Jose	Jeffersonville	Clark
Toumey, Fred L.	Indianapolis	Marion
Toussaint, Linnie F.	Chicago, Ill.	Lake
Tower, James H., Jr.	Shelbyville	Shelby
Tower, Thomas K.	Campbellsburg	Washington
Towles, Jeff H.	Fort Wayne	Allen
Townley, Normand T.	Indianapolis	Marion
Trachtenberg, Lee	Munster	Lake
Tranter, William F.	Ft. Myers, Fla.	Tipton
Treon, James F. (S)	Aurora	Dearborn-Ohio
Trepagnier, Francis B.	Highland	Lake
Trier, Herbert P.	Fort Wayne	Allen
Trimble, John G.	Kokomo	Howard
Troeger, Thomas A.	South Bend	St. Joseph
Trout, Carl J.	Lafayette	Tippecanoe
Trout, David J.	Lafayette	Tippecanoe
Troy, Jack M.	Hammond	Lake
Troyer, Dana O.	Goshen	Elkhart
Troyer, Marlin L.	South Bend	St. Joseph
Troyer, Weldon	Goshen	Elkhart
Trudgen, Spencer F.	Indianapolis	Marion
Trusler, H. Marshall	Indianapolis	Marion
Trusler, Harold M. (S)	Temple, Texas	Marion
Tuason, Leo B.	Martinsville	Morgan
Tubbs, George R. (S)	Lafayette	Tippecanoe
Tuchman, Joseph H.	Indianapolis	Marion
Tucker, Warren S.	Indianapolis	Marion
Tufekcioglu, Erdogan	Valparaiso	Porter
Tuholski, James M.	Evansville	Vanderburgh
Tunnell, Harry D. III	Fort Wayne	Allen
Turgi, Robert W.	Merrillville	Lake
Turley, Verne L. (S)	Fowler	Benton
Turner, Anna Goss (S)	Madison	Jefferson-Switzerland
Turner, Harold B. (S)	Bloomfield	Greene
Turner, John P.	Goshen	Elkhart
Turner, Maurice A.	Martinsville	Morgan
Tutunji, Nermin D.	South Bend	St. Joseph
Tweedall, Daniel C.	Evansville	Vanderburgh
Tyler, Frank T. (S)	New Albany	Floyd

Name	City	County
Tyndall, J. Phillip	Fort Wayne	Allen
Tyner, Harlan H.	Indianapolis	Marion
Tyrrell, Joseph J.	Calumet City, Ill.	Lake
Tyrrell, Thomas C.	Hammond	Lake

U

Name	City	County
Ufkes, C. Herbert (D.O.)	No. Judson	Starke
Ullom, Ralph B.	Indianapolis	Marion
Ulrey, Robert P.	Evansville	Vanderburgh
Underwood, George M.	Lafayette	Tippecanoe
Ungemach, Willo F.	Fort Wayne	Allen
Urbanski, Walter P.	Highland	Lake
Urruti, Arnoldo H.	South Bend	St. Joseph

V

Name	City	County
Vagner, S. Bernard	South Bend	St. Joseph
Valderrama, Hugo	Munster	Lake
Valencia, Monico	East Gary	Lake
Valenzuela, Diego C.	Vevay	Jefferson-Switzerland
Valenzuela, Roberto D.	Gary	Lake
Valenzuela, Sofia S.	Gary	Lake
Valle, Santiago	Evansville	Vanderburgh
Van Bokkelen, Robert W.	Mooresville	Morgan
Van Buskirk, Edmund L.	Lafayette	Tippecanoe
Vance, William C.	Terre Haute	Vigo
Van Campen, Warren M.	Indianapolis	Marion
Vancil, Martin E.	Evansville	Vanderburgh
Van Denbark, Howard M.	Kokomo	Howard
Van Den Bosch, Wallace R.	Lafayette	Tippecanoe
Vandertoll, Donald	Munster	Lake
Vandivier, James M.	Indianapolis	Marion
Vandivier, Robert M.	Indianapolis	Marion
Van Dorn, Myron J.	Indianapolis	Marion
Van Fleet, Josephine	Indianapolis	Marion
Van Fleit, William E.	South Bend	St. Joseph
Van Hove, Eugene D.	Indianapolis	Marion
Van Kirk, John R.	W. Lafayette	Tippecanoe
Van Meter, C. Powell	Indianapolis	Marion
Van Ness, William C.	Summitville	Madison
Van Tassel, Charles J.	Indianapolis	Marion
Van Vactor, Helen D.	Indianapolis	Marion
Van Wienen, John	Martinsville	Morgan
Vaughn, Walter R.	Vincennes	Knox
Veach, Lester W. (S)	Bainbridge	Putnam
Veach, Richard L.	Bainbridge	Putnam
Veach, William L.	Terre Haute	Vigo
Venables, Albert J.	Evansville	Vanderburgh
Vergara, Abelardo	Los Angeles, Calif.	Lake
Vermilya, Robert W.	Lafayette	Tippecanoe
Viehe, Robert W. (S)	Evansville	Vanderburgh
Vieira, Thomas J.	Coatesville	Putnam
Vietzke, Paul C. F. (S)	Valparaiso	Porter
Vincent, William A.	Evansville	Vanderburgh
Vingis, Bronie A.	Greenfield	Hancock
Viray, Victoriano G.	Crawfordsville	Montgomery
Visher, John W. (S)	Evansville	Vanderburgh
Vivian, Donald E	New Castle	Henry
Vlaskamp, Elaine	Muncie	Delaware-Blackford
Vogel, John L.	Columbia City	Whitley
Vogel, Lloyd A., Jr.	Fort Wayne	Allen
Vogel, L. John	Mount Vernon	Posey
Voges, Edward C.	Terre Haute	Vigo
Volan, George J.	Gary	Lake
Vollrath, Victor J.	Indianapolis	Marion
von Asch, George	La Porte	La Porte
von der Lieth, Wm. C.	Vincennes	Knox
Von Der Haar, Gerard	Indianapolis	Marion
VonderHaar, Thomas E.	Evansville	Vanderburgh
Voorhees, Robert J.	Fort Wayne	Allen
Voorhies, McKinley	Gary	Lake
Vore, Robert E.	Indianapolis	Marion
Vormohr, Joseph F.	Portland	Jay
Voskuhl, William L.	Charlestown	Clark
Voss, Gert	Muncie	Delaware-Blackford
Voyles, Harry E. (S)	New Albany	Floyd

W

Name	City	County
Wachob, Tom W., Jr.	Kokomo	Howard
Wack, James E.	South Bend	St. Joseph
Waddell, J. Ronald	Evansville	Vanderburgh
Wade, Reynolds W.	New Haven	Allen
Wagner, Anabel R.	Lafayette	Tippecanoe
Wagner, Arthur L.	Jasper	Dubois
Wagner, David G.	Oakland, Calif.	Elkhart
Wagner, Lindley H.	Lafayette	Tippecanoe
Wagner, Richard	Huntington	Huntington
Wagner, Virginia M.	Indianapolis	Marion
Wagoner, B. D.	Union City	Randolph
Wagoner, Don J.	Burlington	Carroll
Wagoner, George W.	Delphi	Carroll
Wagoner, J. E.	Lafayette	Tippecanoe
Wagoner, John R.	Anderson	Madison
Wagoner, Marilyn L.	Burlington	Carroll
Wahle, Wm. M.	Indianapolis	Marion
Waife, S. O.	Indianapolis	Marion
Wainscott, Clinton S., Jr.	Indianapolis	Marion
Wait, Jerome H.	Columbia City	Whitley
Wait, Raymond B.	Evansville	Vanderburgh
Waits, Chester L.	Lafayette	Tippecanoe
Waitt, Paul	Noblesville	Hamilton
Waldo, Guy H.	Bedford	Lawrence
Waldo, J. Thayer	Indianapolis	Marion
Walker, Adolph P.	Munster	Lake
Walker, Edwin M., Jr.	South Bend	St. Joseph
Walker, Floyd B.	Fort Wayne	Allen
Walker, Jack M.	Muncie	Delaware-Blackford
Walker, Robert M.	W. Lafayette	Tippecanoe
Walker, Thomas M.	Brownsburg	Hendricks
Walkero, Frank M.	Elkhart	Elkhart
Wallace, Collins R.	Fort Wayne	Allen
Wallace, Elmer L.	New Albany	Floyd
Walter, Robert F.	Evansville	Vanderburgh
Walters, Charles E.	Mishawaka	St. Joseph
Walters, Jack L.	Franklin	Johnson
Walters, William H.	Michigan City	La Porte
Walther, Joseph E.	Indianapolis	Marion
Walton, F. Richard	Rochester	Fulton
Walton, R. Lee	Marion	Grant
Walton, William M.	Indianapolis	Marion
Wambo, John M.	Richmond	Wayne-Union
Wang, Tieh C.	East Chicago	Lake
Warbinton, Fred P.	Plainfield	Hendricks
Ward, Gerald F.	Fort Wayne	Allen
Ward, James W.	South Bend	St. Joseph
Ward, Robert A.	Tell City	Perry
Ward, Wesley C.	Indianapolis	Marion
Ware, Herbert E.	Muncie	Delaware-Blackford
Ware, John R.	Russiaville	Howard
Warfield, Chester H. (S)	Fort Wayne	Allen
Warn, William J.	Milan	Ripley
Warner, Theo. M. II	Indianapolis	Marion
Warneke, Charles H.	Indianapolis	Marion
Warner, Charles L.	Evansville	Vanderburgh
Warren, Carroll B.	Marion	Grant
Warren, Robert J.	Richmond	Wayne-Union
Warrick, Francis B.	Richmond	Wayne-Union
Warrick, Homer L. (S)	Edwardsburg, Mich.	St. Joseph

Name	City	County
Warriner, James B.	Indianapolis	Marion
Warvel, John H., Jr.	Indianapolis	Marion
Washington, Wilbert	Indianapolis	Marion
Wass, Robert W.	Bloomington	Owen-Monroe
Way, James A.	Bloomington	Owen-Monroe
Waymire, William M.	Franklin	Johnson
Weaver, Dorothy E.	Indianapolis	Marion
Webb, Harry D.	Anderson	Madison
Webb, Joan L.	New Castle	Henry
Webb, Lawrence C.	Dana	Parke-Vermillion
Webb, Michael K.	Indianapolis	Marion
Webb, O. Lynn	New Castle	Henry
Weber, Edgar H. (S)	Evansville	Vanderburgh
Weber, John R.	Fort Wayne	Allen
Weber, Joseph G. S.	Terre Haute	Vigo
Webster, Paul L.	Lafayette	Tippecanoe
Weddle, Chas. O.	Lebanon	Boone
Weeks, Patrick H. (S)	Michigan City	La Porte
Weida, Jerry M.	Lafayette	Tippecanoe
Weinbaum, Jack G.	Terre Haute	Vigo
Weinberg, Benjamin A.	Whiting	Lake
Weinland, George C.	Columbus	Bartholomew-Brown
Weinstock, Adolph	Rolling Prairie	La Porte
Weirich, Charles I.	Butler	De Kalb
Weisenberger, Brockton L.	Columbus	Bartholomew-Brown
Weiskopf, Henry S.	Gary	Lake
Weisner, Richard M.	Eaton	Delaware-Blackford
Weiss, Albert E.	Michigan City	La Porte
Weiss, Eugene	South Bend	St. Joseph
Weiss, Louis L.	Anderson	Madison
Weitemier, Raymond A.	Richmond	Wayne-Union
Weitzel, Roland E.	Princeton	Gibson
Welborn, Mell B.	Evansville	Vanderburgh
Welch, Norbert M.	Vincennes	Knox
Weldy, Bryce P.	Hartford City	Delaware-Blackford
Weller, Ralph D.	Rossville	Clinton
Weller, Wendell A.	Lafayette	Tippecanoe
Wells, William R.	Princeton	Gibson
Wenger, James E.	Nappanee	Elkhart
Weninger, Donald L.	Michigan City	LaPorte
Wenzler, Paul J.	Bloomington	Owen-Monroe
Werry, Leslie E. (S)	Hartford City	Delaware-Blackford
Wertenberger, Morris D.	Richmond	Wayne-Union
Wesemann, Merrill M.	Franklin	Johnson
West, Joseph L.	Indianapolis	Marion
West, Roger F.	Terre Haute	Vigo
Westerman, Richard L.	Zionsville	Marion
Westfall, B. Kemper	Indianapolis	Marion
Westfall, George S.	Goshen	Elkhart
Westhaysen, Peter V.	Munster	Lake
Wharton, Russell O. (S)	Gary	Lake
Wheeler, Barth E.	Huntington	Huntington
Wheeler, Byron C.	Terre Haute	Vigo
Wheeler, David E.	Indianapolis	Marion
Wheeler, Edward C.	Indianapolis	Marion
Whitaker, Jack D.	Anderson	Madison
Whitcomb, Roger F.	Shelbyville	Shelby
White, Donald G.	South Bend	St. Joseph
White, Donald J.	Indianapolis	Marion
White, Douglas H.	Indianapolis	Marion
White, Gilbert H., Jr.	Hammond	Lake
White, Harvey E.	Farmland	Randolph
White, John B., Jr.	Indianapolis	Marion
White, John P., Jr.	Bloomington	Owen-Monroe
Whitlock, Merle E.	Mishawaka	St. Joseph
Wiatt, Leonard H.	Knightstown	Henry
Wick, Alfred A.	Fort Wayne	Allen
Wickstrom, Otto W., Jr.	Columbus	Bartholomew-Brown
Widdifield, G. E.	Indianapolis	Marion
Wierzalis, Edward F.	Fort Wayne	Allen
Wiethoff, Clifford A.	Seymour	Jackson-Jennings
Wigh, Russell	Columbus	Bartholomew-Brown
Wigutow, Marcus	Gary	Lake
Wiland, Olin K.	Richmond	Wayne-Union
Wilbrandt, Hans R.	Indianapolis	Marion
Wilder, Gordon B. (S)	Anderson	Madison
Wilhelm, Agatha M.	South Bend	St. Joseph
Wilhelm, Guido P.	New Castle	Henry
Wilhelmus, Gilbert M.	Evansville	Vanderburgh
Wilhelmus, Kenneth	Evansville	Vanderburgh
Wilkens, Irvin W.	Indianapolis	Marion
Willan, Horace R. (S)	Martinsville	Morgan
Willardo, Albert T.	Hammond	Lake
Williams, Alexander S.	Gary	Lake
Williams, Berniece M.	Fort Wayne	Allen
Williams, Carl N.	Gary	Lake
Williams, Earl K.	Logansport	Cass
Williams, Edwin D.	Gary	Lake
Williams, Everett W.	Columbus	Bartholomew-Brown
Williams, Fielding P.	Huntingburg	Dubois
Williams, Francis M.	Anderson	Madison
Williams, Fred R.	Gary	Lake
Williams, Harold W.	Indianapolis	Marion
Williams, Howard S.	Indianapolis	Marion
Williams, Hugh L.	Indianapolis	Marion
Williams, Jack O.	Evansville	Vanderburgh
Williams, Paul A.	Rensselaer	Jasper
Williams, Paul D.	Indianapolis	Marion
Williams, Robert D.	Anderson	Madison
Williams, Robert H.	Anderson	Madison
Willis, Charles F.	Evansville	Vanderburgh
Willis, Robert L., Jr.	Fort Wayne	Allen
Willison, George W.	Evansville	Vanderburgh
Willman, Joe	Gaston	Delaware-Blackford
Willner, Alan	Clarksville	Clark
Wills, Max	Auburn	De Kalb
Wilms, John H.	Lafayette	Tippecanoe
Wilson, David	Evansville	Vanderburgh
Wilson, Douglas J.	Mishawaka	St. Joseph
Wilson, Fred L.	Terre Haute	Vigo
Wilson, Fred M.	Indianapolis	Marion
Wilson, James M.	South Bend	St. Joseph
Wilson, John	Columbia City	Whitley
Wilson, John D.	Evansville	Vanderburgh
Wilson, Ned A.	Marion	Grant
Wilson, Norman J.	Merrillville	Lake
Wilson, Norman K.	Kokomo	Howard
Wilson, Oliver R.	Morgantown	Morgan
Wilson, Orley E.	Elkhart	Elkhart
Wilson, Paul H.	Logansport	Cass
Wilson, Ralph	Evansville	Vanderburgh
Wilson, Roland B.	Fort Wayne	Allen
Wilson, Wymond B.	Mentone	Kosciusko
Win, Tun	Terre Haute	Vigo
Wince, Leland L.	Muncie	Delaware-Blackford
Wind, Joseph L.	South Bend	St. Joseph
Winebrenner, John D.	Evansville	Vanderburgh
Winter, William P.	Martinsville	Morgan
Winters, Peter L.	Philadelphia, Pa.	Marion
Wirey, Harold R.	Indianapolis	Marion
Wise, Charles L.	Camden	Carroll
Wise, William R.	Indianapolis	Marion
Wiseman, V. Earle (S)	Greencastle	Putnam
Wishard, Wm. N., Jr.	Indianapolis	Marion
Wissman, William L.	Columbus	Bartholomew-Brown

Name	City	County
Wixted, John F. (S)	South Bend	St. Joseph
Wixted, Julia L.	South Bend	St. Joseph
Woehler, Thomas R.	Pittsburgh, Pa.	Marion
Woerner, Jean	Indianapolis	Marion
Woerner, Thomas E.	Indianapolis	Marion
Wohlfeld, Julius B.	Bedford	Lawrence
Wojcik, Ladislas D.	Marion	Grant
Wolf, Harry C.	Indianapolis	Marion
Wolf, Robert A.	Gary	Lake
Wolfe, Morton F.	New Albany	Floyd
Wolfe, Nelson A.	New Albany	Floyd
Wolfram, Don J.	Indianapolis	Marion
Wolverton, George M.	Clarksville	Clark
Woner, John W.	Linton	Greene
Wong, Norman F.	Lafayette	Tippecanoe
Wong, Samuel N.	Hammond	Lake
Wood, Donald E.	Indianapolis	Marion
Wood, Opal L.	Brazil	Clay
Woodall, Robert L.	Washington	Vanderburgh
Woodard, Abram S., Jr.	Indianapolis	Marion
Woodbury, Clarence R.	Anderson	Madison
Wooden, Thomas F.	Munster	Lake
Woodman, Kenneth S.	Richmond	Wayne-Union
Woods, Arba L. (S)	Owensville	Posey
Woodward, Ben E.	Evansville	Vanderburgh
Woodward, William M.	Chesterton	Porter
Woolery, Richard H.	Bedford	Lawrence
Woolling, Kenneth R.	Indianapolis	Marion
Work, Bruce A.	Frankfort	Clinton
Worley, Henry L.	New Albany	Floyd
Worley, Joseph P.	Indianapolis	Marion
Worth, C. Willard	Milroy	Rush
Wray, James B.	Indianapolis	Marion
Wrege, Malcolm L.	Indianapolis	Marion
Wright, Cecil S. (S)	Anderson	Madison
Wright, James J.	Indianapolis	Marion
Wright, J. Wm., Jr.	Indianapolis	Marion
Wu, Stewart	Valparaiso	Porter
Wunsch, Charles M.	Indianapolis	Marion
Wyatt, James L., III	Fort Wayne	Allen
Wylie, Robert R.	Hobart	Lake
Wynegar, David E.	Richmond	Wayne-Union
Wyttenbach, John E.	Indianapolis	Marion

Y

Name	City	County
Yacko, Michael L.	Indianapolis	Marion
Yale, Charles A.	Fairmount	Grant
Yanson, Mannfredo R. S.	Oxnard, Calif.	Lake
Yarling, John L.	Muncie	Delaware-Blackford
Yast, Charles J.	Merrillville	Lake
Yegerlehner, Roscoe S.	W. Lafayette	Tippecanoe
Yingling, Robert J.	Indianapolis	Marion
Ylagan, Louie	Plymouth	Marshall
Yocum, Paul S., Sr.	Coral Gables, Fla.	Steuben
Yocum, Paul S., Jr.	Gary	Lake
Yocum, William S.	Gary	Lake
Yoder, C. Richard	Elkhart	Elkhart
Yoder, Carl J.	Middlebury	Elkhart
Yoder, Dewey D. (S)	Pierceton	Whitley
Yoder, Johnathan G.	Middlebury	Elkhart
Yoder, Richard P.	Bluffton	Wells
Young, C. Curtis, Jr.	Evansville	Vanderburgh
Young, George M.	Gary	Lake
Young, Gerald S.	Muncie	Delaware-Blackford
Young, John E.	Indianapolis	Marion
Young, John M.	Indianapolis	Marion
Young, John T.	Indianapolis	Marion
Young, Joseph W.	Greenwood	Johnson
Young, P. N.	LaPorte	LaPorte
Young, Ralph H.	Goshen	Elkhart
Young, Robert G.	Marion	Grant
Young, Robert L.	Gary	Lake
Youngs, Paul E.	New Albany	Floyd
Yunker, Philip E.	Howe	LaGrange

Z

Name	City	County
Zahrt, Frank H.	LaPorte	LaPorte
Zalac, Donald A.	Michigan City	La Porte
Zallen, Stanley G.	Hammond	Lake
Zaring, Byron K.	Columbus	Bartholomew-Brown
Zehr, Noah (S)	Fort Wayne	Allen
Zeier, Francis G.	Evansville	Vanderburgh
Zeiger, Irvin L.	South Bend	St. Joseph
Zeitler, Philip S.	Elkhart	Elkhart
Zell, Evertson H.	Indianapolis	Marion
Zeman, Ruth E.	Indianapolis	Marion
Zeps, E. Frances	New Castle	Henry
Zerfas, Phyllis K.	Indianapolis	Marion
Zimmer, Henry J.	Terre Haute	Vigo
Zimmer, John F.	Indianapolis	Marion
Zimmerman, Harold	Evansville	Vanderburgh
Zimmerman, Wm. H.	Syracuse	Elkhart
Zink, Robert O.	Madison	Jefferson-Switzerland
Ziperman, H. Haskell	Ft. Benning, Ga.	Marion
Ziss, Robert C.	Evansville	Vanderburgh
Zivich, John M.	East Chicago	Lake
Zook, Elvin G.	Indianapolis	Marion
Zore, Joseph J.	Richmond	Wayne-Union
Zucker, Edward	Gary	Lake
Zunker, Heinz O. H.	Evansville	Vanderburgh
Zweig, Elmer S.	Fort Wayne	Allen
Zwerner, Paul F.	Terre Haute	Vigo
Zwick, Harold F.	Decatur	Adams
Zwickel, Ralph E.	Evansville	Vanderburgh
Zydlo, Stanley M.	Wabash	Wabash

HONORARY MEMBERS

Ansbacher, Stefan, Sc.D., P. O. Box 867, Marion.
Murray, Dwight, M.D., Napa, Calif.
Waggener, James A., Executive Secretary, Indianapolis.

MEDICAL SPECIALTIES

The following Specialties, including General Practice, are recognized by the American Medical Association

ADM	Administrative Medicine
A	Allergy (sub-specialty of Internal Medicine)
ANES	Anesthesiology
AM	Aviation Medicine (special field of Preventive Medicine)
CD	Cardiovascular Disease (sub-specialty of Internal Medicine)
CHP	Child Psychiatry (sub-specialty of Psychiatry)
D	Dermatology
DR	Diagnostic Roentgenology (special field of Radiology)
FOP	Forensic Pathology (special field of Pathology)
GE	Gastroenterology (sub-specialty of Internal Medicine)
GP	General Practice
GPM	General Preventive Medicine (special field of Preventive Medicine)
GS	General Surgery
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
OBG	Obstetrics and Gynecology
OM	Occupational Medicine (special field of Preventive Medicine)
OPH	Ophthalmology
ORS	Orthopedic Surgery
OTO	Otolaryngology
PATH	Pathology
PD	Pediatrics
PDA	Pediatric Allergy (sub-specialty of Pediatrics)
PDC	Pediatric Cardiology (sub-specialty of Pediatrics)
PMR	Physical Medicine and Rehabilitation
PR	Proctology
PS	Plastic Surgery
P	Psychiatry
PH	Public Health (special field of Preventive Medicine)
PUD	Pulmonary Diseases (sub-specialty of Internal Medicine)
R	Radiology
SR	Scientific Research
TR	Therapeutic Radiology (special field of Radiology)
TS	Thoracic Surgery
U	Urology
00	Unspecified (retired, not in practice, no specialty reported)

ROSTER OF MEMBERS BY COUNTIES

Physicians are listed in the county medical society in which they hold membership.

(Paid-up members of the Indiana State Medical Association as of May 1, 1971.)

ADAMS COUNTY

Berne
(*Zip Code* 46711)

Beaver, Norman E.....165 W. Water St. (GP)
Boze, Robert L. .....265 W. Water St. (GS)
Dester, Herbert E. (S).....424 Compromise St. (GP)

Decatur
(*Zip Code* 46733)

Burk, James M.....115 N. Third St. (GP)
Carroll, John C.....226 S. Second St. (GP)
Doan, John E.....222 S. Second St. (GP)
Freeby, C. William.....227 S. Second St. (GP)
Girod, Arthur H.....R. R. 6 (GP)
Kohne, Gerald J.....134 S. Third St. (GP)
Parrish, Richard K.....238 S. Second St. (OPH)
Reppert, Roland L.....Road 224 (GP)
Rich, Norval S.....230 S. Second St. (GP)
Zwick, Harold F.....227 S. Second St. (GP)

ALLEN COUNTY

Fort Wayne
(*Zip Code* 468 *plus zone number*)

A

Acker, Herbert K.....3610 Brooklyn Ave. (07) (GP)
Adams, E. Wade.....3124 E. State Blvd. (05) (PD)
Ahlbrand, Roland C.....4820 Chaucer Rd. (GP)
Aiken, Arthur F.....3010 E. State Blvd. (05) (GP)
Aiken, Nevin E.....3010 E. State Blvd. (05) (GP)
Aldred, Allen W.....3024 Fairfield Ave. (07) (PATH)
Anderson, Ernest..4349 S. Anthony Blvd. (06) (GP)
Anderson, Garland D.....5110 N. Clinton (05) (GP)
Andrew, Jerald L...5717 S. Anthony Blvd. (06) (GP)
Arata, James A.....2802 E. State Blvd. (05) (R)
Arata, Justin E.....3124 E. State Blvd. (05) (GS)
Ashman, William C...2902 S. Fairfield Ave. (07) (PD)
Aust, Charles H.....3024 Fairfield Ave. (PATH)

B

Bahr, Robert E.....3217 Lake Ave. (05) (GP)
Bailey, Paul P. (S) 206 Medical Center Bldg. (02) (U)
Ball, John R.....Three Rivers East, Suite 108 (02) (GS)
Ball, Margaret Jane.....13434 Aboite Center Rd. (OO)
Baltes, Joseph H.....821 Broadway (02) (GP)
Barch, John W.....1301 S. Harrison St. (02) (OM)
Bash, Wallace E.....2902 Fairfield Ave. (07) (PD)
Bauman, Richard L.....700 Broadway (02) (R)
Baumgartner, Jeraldine....515 W. Wayne St. (02) (GP)
Beams, Ralph H...715 Medical Center Bldg. (02) (OPH)
Beierlein, Karl M. (S).....2716 Butler Rd. (OO)
Beights, Raymond S.....3310 E. State Blvd. (05) (GP)
Berghoff, James R.....3702 Rupp Dr. (05) (GP)
Beutler, Theodore V.....527 W. Berry St. (02) (U)
Bierman, Gilbert H.....717 Broadway (02) (ORS)
Billingsley, John S.....2902 Fairfield Ave. (07) (R)
Bixler, James A.....3124 E. State St. (05) (OPH)
Blichert, Peter A.
Three Rivers North, Suite 108 (02) (OBG)
Bollheimer, Don A..623 Medical Center Bldg. (02) (OPH)
Bossard, John W...Lake-Maycrest Med. Bldg. (02) (NS)
Bower, Richard E.....3610 Brooklyn Ave. (07) (GP)
Bowers, Gah T.....3000 Circumurban Blvd. (05) (OBG)
Bowers, George W.....2902 Fairfield Ave. (07) (U)
Bowers, Jesse W. (S)....418 Gettle Bldg. (02) (GS)
Brandt, William E.....618 W. Berry St. (02) (GS)
Braunlin, Robert J.....5110 N. Clinton (05) (OTO)
Bridges, William L..520 Medical Center Bldg. (02) (R)
Bromley, Luman W.
600 Medical Center Bldg. (02) (ORS)
Brosius, Robert H. W.....1603 Wells St. (08) (GP)
Brown, Frederic W.....2609 Fairfield Ave., (07) (ORS)
Brown, Garland R.....5522 Hamilton Rd. (09) (R)
Brucker, Perry A.
Three Rivers East, Suite 107 (02) (GS)
Bryan, Franklin A....700 Indiana Bank Bldg. (02) (IM)
Bucholz, James G.....2609 Fairfield Ave. (07) (ORS)
Buckner, George D.....1003 Fulton St. (02) (GS)

C

Carlo, Ernest R. (S).....5205 Indiana Ave. (07) (PD)
Cast, William R.....4138 S. Harrison St. (07) (OTO)
Chambers, Alan R.
Three Rivers East, Suite 103 (02) (GP)
Chase, James A.....1635 Broadway (04) (OM)
Clark, William R.....3622 S. Calhoun St. (07) (GP)
Clark, William R., Jr.....710 W. Wayne St. (04) (IM)
Close, Frederick W.....3024 Fairfield Ave. (07) (OTO)
Cochran, Harry A., Jr...1301 S. Harrison St. (02) (OM)
Conley, John E. (S).....620 W. Berry St. (02) (GP)
Connelly, Richard D.....3217 Lake Ave. (05) (GP)
Cooney, Charles J.....527 W. Berry St. (02) (U)
Cottrell, Robert F.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Craig, Richard M.....2902 Fairfield Ave. (07) (R)
Cuff, Steve C.....700 W. Berry St. (02) (PD)
Culp, John E.....2902 Fairfield Ave. (07) (IM)

D

Datzman, Richard C.
520 Medical Center Bldg. (02) (R)
Dauscher, Dean D.....5717 S. Anthony Blvd. (06) (GP)
Donesa, Antonio B.....3124 E. State Blvd. (05) (NS)
Dunstone, H. Carter
Three Rivers East, Suite 105 (02) (P)

E

Elston, Lynn W. (S).....7716 S. Hanna St. (06) (OO)
Elston, Ralph W. (S)....2305 Randall Rd. (04) (GS)
Epps, James H.....2330 Beacon St. (05) (ANES)

F

Farquhar, John S., Jr.....3610 Brooklyn Ave. (07) (GP)
Ferguson, Arthur N. (S)..2902 Fairfield Ave. (07) (IM)
Fiacable, Joseph P.....227 E. Washington Blvd. (02) (P)
Fichman, Abraham M.....323 W. Berry St. (02) (GS)
Flaherty, Robert A.....2902 Fairfield Ave. (07) (R)
Fox, Richard F.....2902 Fairfield Ave. (R)
Foy, Thomas D.....1104 W. State Blvd. (08) (GP)
Frankhouser, C.M.A., Jr.
519 Medical Center Bldg. (02) (PATH)
Fullam, Richard G.
Indiana Bank Bldg., Suite 725 (02) (ANES)

G

Garton, Harry W. (S)
6530 Covington Rd., 129-A (04) (OO)
Gastineau, David C.
520 Medical Center Bldg. (02) (R)
Gentile, Jonathan Paul.....5110 N. Clinton (05) (GS)
Gerding, William J.....5110 N. Clinton (05) (GP)
Giffin, Charles S...102 Medical Center Bldg. (02) (OTO)
Glassley, Stephen H.....3010 E. State Blvd. (05) (GP)
Glock, Maurice E.....229 Medical Center Bldg. (02) (IM)
Glock, Steven R.....5050 N. Clinton St. (05) (ORS)

Goebel, Carl W.....327 W. Creighton Ave. (07) (PD)
Gould, John C.....2424 Fairfield Ave. (07) (OBG)
Graham, George M.....1301 S. Harrison St. (02) (IM)
Graham, James C.....1834 S. Lafayette (03) (GP)
Green, Robert F.....614 W. Berry St. (02) (P)
Greenlee, Robert L...227 E. Washington St. (02) (CHP)
Griest, Walter D.....3024 Fairfield Ave. (04) (PATH)
Griffith, Harold R...520 Medical Center Bldg. (02) (R)
Gumbert, Jack L.....5010 Riviera Ct. (05) (GS)

H

Hackett, Walter G.....3610 Brooklyn Ave. (04) (GP)
Haffner, Herman G.....202 E. Jefferson St. (02) (D)
Halaby, Fouad A.....700 W. Berry St. (02) (R)
Haley, Alvin J.....3217 Lake Ave. (05) (GP)
Hall, William R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Hamilton, Emory D.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Hamilton, George M.....3124 E. State Blvd. (05) (IM)
Harris, James J.....5717 S. Anthony (06) (GP)
Hasewinkle, August M...2828 E. State Blvd. (05) (IM)
Hastings, Warren C.....2120 Carew St. (05) (NS)
Hattendorf, Anton P.
716 Medical Center Bldg. (02) (PR)
Havens, Russell E.....3721 Inwood Dr. (02) (ANES)
Herendeen, Thomas L.....3124 E. State Blvd. (05) (GS)
Herrera, Vivencio A..Irene Byron Hospital (08) (PUD)
Hershberger, Philip G....2609 Fairfield Ave. (07) (ORS)
Hickman, Donald M.....3217 Lake Ave. (05) (GP)
Hillery, Robert L.....5110 N. Clinton (05) (GP)
Hipskind, Richard E.....6211 Covington Rd. (04) (IM)
Hoffman, Arthur F.
Three Rivers North, Suite 105 (02) (ANES)
Holsinger, Robert E.....347 W. Berry St. (02) (D)
Hoog, John M.....1617 Kensington Blvd. (05) (U)
Hoover, Joseph R.....3610 Brooklyn Ave. (07) (GP)
Howe, Fordyce L.....2330 Beacon St. (05) (GP)
Hull, DeWayne L.
Three Rivers East, Suite 107 (02) (PS)

I

Irmscher, George W...3411 N. Anthony Blvd. (05) (GS)
Irmscher, Jane M.....2024 Florida Dr. (05) (PD)
Isenogle, Kenneth F...3124 E. State Blvd. (05) (OTO)

J

Jackson, John F.....5315 Cloverbrook Dr. (06) (ANES)
Johnston, Richard M.....2330 Beacon St. (05) (ANES)
Jontz, Joe G.....3124 E. State Blvd. (05) (GS)
Jontz, Richard L.....3705 Marigold Dr. (02) (R)
Jurgensen, Walter T.....3610 Brooklyn Ave. (07) (GP)

K

Kachmann, Rudy.....2902 Fairfield Ave. (07) (NS)
Karol, Herbert J.
Three Rivers East, Suite 103 (02) (U)
Kaufman, Julian R.....3124 E. State Blvd. (05) (IM)
Kent, Richard N.....327 Medical Center Bldg. (02) (IM)
Keyes, Robert C.....131 E. Tillman Rd. (06) (PD)
Kilgore, Byron
Three Rivers East, Suite 106 (02) (P)
Kimbrough, Robert F...2730 E. State Blvd. (05) (ORS)
Kleifgen, William A.....446 W. Pontiac St. (07) (GP)
Kleopfer, Ronald G.....5050 N. Clinton St. (05) (ORS)
Knight, Lewis W.....3124 E. State Blvd. (05) (OBG)
Krueger, John E...5717 S. Anthony Blvd. (06) (GP)
Kruse, Walter E. (S).....410 McKinnie (06) (GP)

L

Ladig, Donald S.....3610 Brooklyn Ave. (09) (GP)
Laker, Gene C.....2407 Fairoak Dr. (07) (GP)
Laker, Richard J.....2407 Fairoak Dr. (07) (GP)
Lampe, Elfred H.....2902 Fairfield Ave. (07) (OBG)
Laycock, Richard M.....6642 St. Joe Rd. (05) (GP)
Lee, John W.....5050 N. Clinton St. (05) (ORS)
Leming, Ben L.....2902 Fairfield Ave. (07) (GS)
Lenk, George G.....1805 E. Washington St. (04) (GP)
Lloyd, Robert P.....723 Fulton St. (02) (GS)
Logan, Richard S.....3124 E. State Blvd. (05) (D)
Lohman, Robert M.....4017 S. Wayne St. (06) (GP)
Lorman, James G...520 Medical Center Bldg. (02) (R)
Loudermilk, Jack L...520 Medical Center Bldg. (02) (R)
Luckey, James E.
Three Rivers North, Suite 105 (02) (ANES)
Lyon, William C.....710 W. Wayne St. (04) (P)
Lyster, Richard F.....3512 Maxim Dr. (05) (ORS)

M

McCallister, John W.....3124 E. State Blvd. (05) (GS)
McCaslin, Dan L.....1301 S. Harrison St. (R)
McCoy, Roy R.....3701 S. Harrison St. (07) (GP)
McDowell, George A.
215 Medical Center Bldg. (02) (GP)
McEachern, Cecil G.....2424 Fairfield Ave. (07) (GS)
Mackel, Frederick O.....2609 Fairfield Ave. (07) (ORS)
Mann, Richard E.....3010 E. State Blvd. (05) (P)
Manning, George C.....534 W. Berry St. (02) (NS)
Mastrangelo, Michael J
Three Rivers East, Suite 104 (02) (TS)
Mejia, Ivan.....2509 Bolton St. (05) (ANES)
Mercer, Samuel R...710 Medical Center Bldg. (02) (D)
Meyer, Herman A.....1030 W. Wayne St. (04) (GP)
Meyer, Theodore O.....3728 Kirkwood Dr. (02) (OPH)
Michaelis, Stephen C.....3610 Brooklyn Ave. (07) (GP)
Miller, Don E.....2902 Fairfield Ave. (07) (IM)
Miller, Edward D.....3010 E. State Blvd. (OPH)
Miller, H. Paul.....2715 Broadway (07) (GP)
Miller, Orval J.....324 W. Berry St. (02) (GP)
Miller, Richard H.....511 W. Wayne St. (02) (GS)
Miller, Robert B.....3124 E. State Blvd. (05) (OTO)
Miller, Wayne Starr.....104 Three Rivers East (GS)
Miller, William J.....2902 Fairfield Ave. (07) (IM)
Moats, Carl F.....4007 W. Wayne St. (04) (GP)
Moats, George E. (S)
617 E. Washington St. (02) (GP)
Moeller, Victor C.....2424 Fairfield Ave. (07) (GP)
Morey, Edwin E.....2902 Fairfield Ave. (07) (OBG)
Morgan, Milton M.....1147 S. Lafayette St. (02) (GS)
Mortenson, Leland J. (S)
3610 Brooklyn Ave. (07) (GP)
Mueller, Lawrence W.
533 W. Washington Blvd. (02) (OTO)

N-O

Nill, John H.....5717 S. Anthony Blvd. (06) (GP)
Nolan, Gerald R.....5717 S. Anthony Blvd. (06) (GP)
Oatman, Jack G.
Indiana Bank Bldg., Suite 710 (02) (P)
O'Brian, John F.....3217 Lake Ave. (05) (GP)
O'Rourke, Carroll (S).....604 W. Berry St. (02) (OTO)

P

Painter, Donald S...222 Medical Center Bldg. (02) (OBG)
Pan, Charles C. M.....700 Broadway (02) (PATH)
Pancner, Ronald J.
1912 Ft. Wayne Nat'l Bank Bldg. (P)
Parker, Carey B. (S)..1105 S. Harrison St. (02) (GP)
Parrot, Donald J.....810 W. State Blvd. (08) (GP)
Patterson, Jack W.....6211 Covington Rd. (04) (GS)
Pearson, Huey L.....2314 S. Hanna (03) (GP)
Pepple, W. David.....P.O. Box 267 (OO)
Perrin, Kermit F....2701 S. Anthony Blvd. (06) (GP)
Pickett, Merle E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Pohnert, Wm. Hugo.....215 E. Wildwood Ave. (ORS)
Popp, Milton F...606 Medical Center Bldg. (02) (GS)
Powell, M. Jack.....700 Broadway (04) (R)
Priddy, Marvin E.....5110 N. Clinton (05) (GP)

Q-R

Rank, William B.
Three Rivers North, Suite 107 (02) (U)
Ransburg, Robert C.
519 Medical Center Bldg. (02) (PATH)
Reed, John D.....3124 E. State Blvd. (05) (IM)
Reszel, Paul A.....5050 Clinton St. (05) (ORS)
Rhee, Sang K.....2827 Roscommon Dr. (05) (ANES)
Richards, Alan D.....5717 S. Anthony Blvd. (06) (GP)
Richardson, Joseph H...3010 E. State Blvd. (05) (IM)
Rissing, Walter J.....229 W. Berry St. (02) (PR)
Roser, Arthur J.....801 E. State Blvd. (05) (GP)
Rothberg, Maurice.....625 W. Berry St. (02) (OPH)
Rousseau, John W.....3124 E. State Blvd. (05) (OBG)
Rusher, Merrell W.....347 W. Berry St. (02) (OBG)

S

Sahlmann, Hans (S).....3418 S. Hanna St. (06) (GP)
Salon, Harry W.....4017 Hiawatha Blvd. (02) (GP)
Salon, Joel W.....604 W. Wayne St. (02) (IM)
Salon, Nathan L. (S).....604 W. Wayne St. (02) (GP)
Santelices, Vivente B.....4416 Tamarack (05) (ANES)
Schaab, Eric.....131 E. Tillman Rd. (06) (PD)
Scheeringa, Ronald H.....2902 Fairfield Ave. (07) (IM)
Schlademan, Karl R.
519 Medical Center Bldg. (02) (PATH)
Schleinkofer, Robert M.....3217 Lake Ave. (05) (GP)
Schloss, Robert P.....5717 S. Anthony Blvd. (06) (GP)
Schmidt, Eugene E.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Schmoll, Robert J.....521 W. Wayne St. (02) (OPH)
Schneider, Louis A.....700 Broadway (02) (PATH)
Schoen, Frederic L.5717 S. Anthony Blvd. (06) (GP)
Schoenhals, Charles E.....5431 Vance Ave. (05) (GS)
Schubert, Jerome C.....5110 N. Clinton St. (05) (GP)
Schubert, Philip C.....6203 Plantation Lane (05) (GP)
Scott, H. Vaughn.....801 E. State Blvd. (05) (PD)
Scudder, James P.....3124 E. State Blvd. (05) (U)
Senseny, Eugene F.....2902 Fairfield Ave. (07) (PR)
Shinabery, Lawerence (S)
Three Rivers North, Suite 212 (02) (GP)
Short, John T. (S).....2908 Shawnee Dr. (07) (U)
Shugart, Robert R.....2609 Fairfield Ave. (07) (ORS)
Sidel, Alan W.....5110 N. Clinton (05) (GP)
Silvero, Hubert L.....1417 N. Anthony Blvd. (05) (GP)
Sirlin, Edward M.....2615 Trier Rd. (05) (PD)
Smith, C. Curtis.....5110 N. Clinton (05) (GP)
Smith, Philip L.....2902 Fairfield Ave. (07) (OBG)
Smith, Roger C.....3124 E. State Blvd. (05) (IM)
Snyderman, Sanford C.
102 Medical Center Bldg. (02) (OTO)
Spencer, C. Herbert
Three Rivers North, Suite 105 (02) (ANES)
Stanley, Robert G.....3610 Brooklyn Ave. (07) (GP)
Stauffer, Richard C.....2730 E. State Blvd. (05) (ORS)
Steigmeyer, David J.....3124 E. State Blvd. (05) (PD)
Stier, Paul L.....721 Broadway (02) (IM)
Stovall, Alfred.....332 E. Pontiac (03) (IM)
Stucky, Jerry L.....5110 N. Clinton (05) (GP)
Sullivan, Robert E.
Three Rivers North, Suite 106 (02) (GS)
Swearingen, Alfred G.....2802 E. State Blvd. (05) (R)

T

Taylor, Robert G.....2902 Fairfield Ave. (07) (IM)
Terrill, Richard W.....446 W. Pontiac St. (07) (OPH)
Thomas, John R.....347 W. Berry St. (OO)
Tomusk, August N.
Three Rivers East, Suite 104 (02) (GS)
Towles, Jeff H.....2709 S. Hanna St. (06) (GS)
Trier, Herbert P.
2414 Ft. Wayne Nat'l. Bank Bldg. (02) (P)
Tunnell, Harry D. III....332 E. Pontiac St. (03) (GS)
Tyndall, J. Phillip.....3124 E. State Blvd. (OO)

U

Ungemach, Willo F.....3009 Fairfield Ave. (07) (IM)

V-W

Vogel, Lloyd A.
Three Rivers North, Suite 105 (02) (ANES)
Voorhees, Robert J.
Three Rivers North, Suite 106 (02) (GS)
Walker, Floyd B.....3505 S. Monroe (06) (GP)
Wallace, Collins R.
Indiana Bank Bldg., Suite 725 (02) (ANES)
Ward, Gerald F.....3124 E. State Blvd. (05) (U)
Warfield, Chester H. (S)
7024 Forest Wood Dr. (05) (OO)
Weber, John R.....710 W. Wayne St. (04) (PD)
Wick, Alfred A.....2120 Carew (05) (OPH)
Wierzalis, Edward F.....2017 Sherman St. (08) (GP)
Williams, Berniece M.....801 E. State Blvd. (05) (GP)
Willis, Robert L., Jr.....2902 Fairfield Ave. (07) (R)
Wilson, Roland B.....1207 S. Lafayette (02) (GP)

X-Y-Z

Zehr, Noah (S).....301 W. Creighton (07) (GP)
Zweig, Elmer Sam.....344 W. Berry St. (02) (GP)

Harshman, Louis P. (S).....Wesley Manor, 1555 N. Main St., Frankfort (46041) (OO)
Harvey, Harry C. (S)..107 Methodist East Dr. Franklin (46131) (GP)
Maldia, Godofredo.....410 W. Houston St., Garrett (46738) (IM)
Emme, Richard W.....Harlan (46743) (GP)
Harless, O. Fred.....104 Summit, Monroeville (46773) (GP)

New Haven
(*Zip Code* 46774)

Dahling, Clemens W.....R. R. 2, Box 353 (GP)
Dahling, Fred W.....Dahling Bldg. (GP)
Hoetzer, Eldore M.....502 Henry (GP)
Sidell, James P.....1208 Lincoln Highway E. (GP)
Stumpf, Edwin E.....716 Broadway (GP)
Wade, Reynolds W.....1018 Bell Ave. (GS)

Miller, Kenneth D.....Woodburn (46797) (GP)

Cook, Ian H.....4 Lavendon Rd., Fish Hoek, Cape Province, South Africa (GS)
Glock, Wayne R.....473 Pepperwood Ct. Marco Island, Fla. (ORS)
Humphreys, John L.
55 Highland Rd., Apt. 202, Bethel Park, Pa. (15102) (PATH)
McAfee, Geo. J.....3505 N. Rybolt Ave., Apt. C, Indianapolis, Ind. (P)
Prentiss, Nelson H. (S)
V. A. Hospital, Oteen, N.C. (28805) (PMR)
Rockey, Noah A. (S).....2539 N.E. 26th Terrace, Ft. Lauderdale, Fla. (33305) (GP)
Sherwood, Clarence E.
R.R. 2, Box 97A, Madison, S. Dakota (57042) (PUD)
Sherwood, J. Vincent (S)..229 Shangri-La, Largo, Fla. (33540) (PUD)

BARTHOLOMEW-BROWN COUNTIES

Columbus
(*Zip Code* 47201)

Able, Walter.....2760 25th St. (GP)
Adler, David L...Bartholomew County Hospital (PATH)
Beggs, Lowell F.....832 Washington St. (GS)
Brewer, David H.....1835 Park Valley Dr. (PD)
Bush, Robert....Bartholomew County Hospital (PATH)
Clay, Eleanor.....2030 Doctor's Park (IM)
Daugherty, Forest D.....2600 Sandcrest Blvd. (GP)
Davis, Marvin R.....908 Washington (GP)
Dugan, Thomas.....Doctor's Park (GP)
Echsner, Herman J.....Doctor's Park (GP)

Fortner, Ray E.....Doctors' Park (U)
Franz, Sherman G.....The Consulting Center (P)
Fuller, Robert G.....Doctor's Park (GP)
Gammell, Lindley L.....602 22nd St. (GP)
Gullett, Austin.....Cummins Engine Co. (OO)
Hauersperger, Alfred D.....2760 25th St. (OPH)
Hawes, Marvin E.....522 Seventh Ave. (GP)
Henry, Alvin L.....P.O. Box 264 (OPH)
Jacobs, E. Robert.....2756 25th St. (GS)
Krueger, Robert B.....2739 Central Ave. (GP)
McCullough, Henry G.....R.R. #4, Old Indpls. Rd. (GP)
Macy, George W.....2525 Sandcrest Blvd. (GS)
Marr, Griffith.....R.R. #1 (ANES)
Mohler, Floyd W.....2060 Doctor's Park (ORS)
Nelson, Bryon.....2760 25th St. (GP)
O'Bryan, Richard B.....2739 Central Ave. (PD)
Overshiner, Lyman (S).....1817 Seventh St. (R)
Pearce, William L.....Doctors Park (OBG)
Probst, Edward L.....Everroad Park 2760 25th St., (D)
Ranck, Benjamin A.....2600 Sandcrest Blvd. (GP)
Rau, Charles A.....2600 Sandcrest Blvd. (GP)
Reid, Robert M.....2040 Doctor's Park Dr. (ANES)
Richmond, Harold W...Cummins Engine Co., Inc. (OM)
Ryan, C. David.....2600 Sandcrest Blvd. (OBG)
Ryan, William J.....Doctor's Park (GS)
Sandlin, Donald L.....2530 Sandcrest Blvd. (GP)
Schmitt, Richard K. (S).....423 Ninth St. (GP)
Schneider, Kenneth D.....2760 25th St. (GP)
Sebahar, Duane.....2760 25th St. (IM)
Sigmund, William B.....P.O. Box 366 (U)
Snapp, Richard A.....2225 Central Ave. (IM)
Stribling, James L.....Doctor's Park (OBG)
Teal, Dorothy D. (S).....728 Franklin St. (GP)
Weinland, George C.....R.R. 9, Harrison Lake (P)
Weisenberger, Brockton L...3305 Woodland Pkwy. (GP)
Wickstrom, Otto W., Jr.....2360 National Rd. (ORS)
Wigh, Russell.....2400 E. 17th St. (R)
Williams Everett W.....2225 Central Ave. (GP)
Wissman, William L.....2835 Riverside (ANES)
Zaring, Bryon K.....2760 25th St. (GS)

James, Carroll F.....Box 7, Hope Medical Center, Hope (48246) (GP)
Holden, Robt. W.....631 Harpeth Bend Dr., Nashville, Tenn. (R)
Seibel, Robert M.....Nashville (47448) (GP)

BENTON COUNTY

Leak, Robert H.....Boswell (47921) (GP)
Coddens, Avery L.....Fowler (47944) (GP)
Miller, Dan T. (S).....Fowler (47944) (GP)
Turley, Verne L. (S).....Fowler (47944) (GP)
Altier, William H.
1721 Hemlock Rd., Lafayette (47904) (GP)
McKinney, Donald L.....Otterbein (47970) (GP)
Stolz, Thomas J.....Carriage Estates, West Lafayette (47906) (GP)

BLACKFORD COUNTY

(See Delaware-Blackford)

BOONE COUNTY

Schaaf, Alvin D.....Jamestown (46147) (GP)

Lebanon

(*Zip Code* 46052)

Boyer, Don W.....1604 N. Lebanon St. (GS)
Burnes, Keith C.....2109 Center Dr. (OPH)
Coons, John D. (S)....Boone County Bank Bldg. (GP)
Coons, Ritchie.....303 W. Washington St. (GP)
Honan, Paul R.....1720 N. Lebanon St. (OPH)
Kern, Clarence G.....1720 N. Lebanon St. (GP)
Lenox, Jack.....1202 N. Lebanon St. (GP)
Mukhtar, Fuad A.....1604 N. Lebanon St. (GS)
Porter, John R.....1122 N. Lebanon St. (GS)
Weddle, Charles O.....905 N. Lebanon St. (GP)

Bassett, Margaret A.....Thorntown (46071) (GP)
Gregg, Edwin E.....Thorntown (46071) (GP)
Bailey, Lawrence S.....Zionsville (46077) (GP)
Harvey, Ralph J. (S).....Zionsville (46077) (GP)
Jackson, Kathryn A.....Zionsville (46077) (GP)
Lovett, Harvey D.....Zionsville (46077) (GP)

BROWN COUNTY

(See Bartholomew-Brown)

CARROLL COUNTY

Wagoner, Don J.....Burlington (46915) (GP)
Wagoner, Marilyn L.....Burlington (46915) (GP)
Wise, Charles L.....Camden (46917) (GP)
Eller, Alvan L.....115 N. Center St., Flora (GP)

Delphi

(*Zip Code* 46923)

Baker, Eldon E.....110 S. Union St. (GP)
Petry, T. Neal.....110 S. Union St. (GP)
Seese, Robert M.....101 W. North St. (GP)
Wagoner, George W.....Front & Union Sts. (GP)

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Earl W.....212 Fifth St. (GS)
Bayazit, Lutfi Y.....26th & North St. (OO)
Bean, Joseph S.....1101 Michigan Ave. (R)
Brewer, Robert A.....216 Ninth St. (GP)
Burnett, Paul C.....Logansport State Hosp. (P)
Calisto, Ruben A.....2708 Elmwood Dr. (GP)
Chu, Johnson C.S.....Logansport State Hosp. (P)
Dian, August J.....Logansport State Hosp. (P)
Eckert, Russell A.....1101 Michigan Ave. (R)
Fish, James C.....26 & North Sts. (GS)
Glendening, Richard L.....420-A High St. (GP)
Hall, Bernard R.....422 High St. (OBG)
Hedde, Eugene L.....211 S. Third St. (GS)
Heitzman, Alois I.....26th and North St. (OO)
Hillis, Lowell J.....718 E. Broadway (GP)
Hochhalter, Marian (S).....2400 Hasty Hill (GP)
Horning, Richard R.....Logansport State Hosp. (P)
Howard, Joseph D.....829 E. Market St. (GP)
Jones, J. Carl.....422 North St. (GP)
Karnafel, Eugene T.....Logansport State Hosp. (P)
King, Jay M.....812 North St. (GS)
Luxenberg, Edwin R.....26th & North St. (PD)
Mamaril, Blas F.....1001 E. Broadway (GP)
Maschmeyer, Robert H.....Box 405 (P)
Morrical, David L.....212 Fifth St. (Military)
Morrical, Russell J.....212 Fifth St. (GP)
Newman, Milton A.....26th & North Sts. (GP)
Parker, E. Camille.....2500 E. Broadway (OPH)
Parker, Francis W., Jr.....2500 E. Broadway (OPH)
Pfuetze, Max E.....408 North St. (GS)
Phipps, Elwood B.....Logansport State Hosp. (P)
Sheller, Tom G.....Logansport State Hosp. (P)
Teaboldt, George A., Jr.....Logansport State Hosp. (P)
Williams, Earl K.....1101 Michigan Ave. (R)
Wilson, Paul H.....422 North St. (GS)

Newcomb, William K.....Royal Center (46978) (GP)
Cheng, Sylvia F.
Southeastern Medical Center, Walton (46947) (P)

CLARK COUNTY

Charlestown
(*Zip Code* 47111)

Goodman, Eli.....807 High St. (GP)
Hover, Galen M.....1385 Main St. (OM)
Jones, David H.....935 Water St. (GP)
Shina, Hassi.....Charlestown Landing Rd. (GP)
Voskuhl, William L.....935 Water St. (GP)

Clarksville
(*Zip Code* 47131)

Mudd, Joseph P.....815 Eastern Blvd. (GP)
Willner, Alan.....630 Eastern Blvd. (GP)
Wolverton, George M.....647 Eastern Blvd. (GP)

Carr, Joseph H.....Henryville (47126) (GP)
Greene, William R.....Henryville (47126) (GP)

Jeffersonville
(*Zip Code* 47130)

Bizer, Mier A.....1206 N. Spring St. (GP)
Brill, Joseph B.....207 Sparks Ave. (P)
Buehler, George M.....431 Locust St. (GP)
Carlberg, Dale L.....226 E. Maple St. (GP)
Carney, Joel T. (S).....347 Spring St. (GP)
Clark, William B., Jr.....435 Spring St. (GP)
Corrao, Thomas J.....435 Spring St. (GP)
Cosio, Julio.....1206 Spring St. (GP)
Duque, Fausto.....207 Sparks Ave. (ANES)
Ely, Cecil W.....3305 Allison Way (R)
Forsee, Norman E.....211 E. Market St. (GP)
Golden, William Y.....420 Wall St. (GP)
Gutman, Gordon.....R.R. 3 (GS)
Hargett, Herbert P.....435 Spring St. (OPH)
Havens, A. Lyle.....207 Sparks Ave. (GP)
Havens, Thomas R.....207 Sparks Ave. (GP)
Heideman, Harry D.....210 Sparks Ave. (R)
Horlander, Fridolin.....Gateway Plaza (GP)
Huoni, John S...1405 Youngstown Shopping Center (GP)
Isler, Nathaniel C.....519 Spring St. (GP)
Jimenez, Pedro.....207 Sparks Ave. (ANES)
Johnson, Jerome M.....1428 Gateway Plaza (GP)
McKechnie, Robert K.....207 Sparks Ave. (GP)
Neathamer, Thos. A.....207 Sparks Ave. (IM)
Oca, Clemente F.....207 Sparks Ave (GS)
Reed, Edsel S.....210 Sparks Ave. (R)
Reeder, Henry H. (S).....140 N. High St. (OO)
Roby, Alma L.....207 Sparks Ave. (PD)
Shaw, Houston W.....435 Spring St. (GS)
Thompson, Walter T.....Youngstown Center (GS)
Torres, Jose.....207 Sparks Ave. (GS)

Sellersburg
(*Zip Code* 47172)

Meyer, Claude J.....119 S. Indiana Ave. (GP)
Regan, George L.....115 N. Indiana Ave. (GP)
Robertson, Robert E.....110 S. New Albany St. (GP)
Sturgis, Donald G.....117 S. Indiana Ave. (GP)

CLAY COUNTY

Brazil
(*Zip Code* 47834)

Advincula, Luis V.....Clay County Hospital (GP)
Conrad, Everett L.....1207 National Ave. (GP)
Farid, Rahim S.....Box 108 (GS)
Froderman, Stanley E.....1207 National Ave. (GS)
Garvin, Donald B.....111 N. Walnut St. (GP)
Maurer, J. Frank.....111 N. Walnut St. (GS)
Maurer, Robert M.....111 N. Walnut St. (GP)
Mehne, Richard G.....3½ E. National Rd. (GP)
Moon, Charles E.....1207 National Ave. (GP)
Shattuck, John C.....11 W. Chestnut St. (GP)
Wood, Opal L.....111 N. Walnut St. (GP)

Buell, Forrest R.....Clay City (47841) (GP)

CLINTON COUNTY

Frankfort
(*Zip Code* 46041)

Applegate, Albert E.....1303 S. Jackson St. (GP)
Beardsley, Frank A., Jr.....400 Kentwood Dr. (GP)
Carrel, Francis E.....P.O. Box 303 (GP)
Dupler, Lee F.....1258 S. Jackson St. (PATH)
Dykhuizen, Theodore A.....608 E. Washington St. (GP)
Erdel, Milton W.....2 E. White St. (OTO)
Flora, Fred W.....1256 S. Jackson St. (GP)
Hammersley, George K.....361 E. Clinton St. (GS)
Hedgcock, Robert A.....259 E. Clinton St. (GP)
Work, Bruce A.....1252 S. Jackson (GP)

Bush, Charles E.....Kirklin (46050) (GP)
Ketcham, John S. (S).....Rossville (46065) (GP)
Weller, Ralph D.....Rossville (46065) (GP)

CRAWFORD COUNTY

(See Harrison-Crawford)

DAVIESS-MARTIN COUNTIES

Pierce, William J.....Bruceville (47516) (PATH)
McNaughton, Lawrence M.
Crane Naval Base, Crane (47522) (GP)
Rohrer, James R.....Elnora (47529) (GP)
Farris, John J.....St. Vincent Hosp.
Indianapolis (46208) (GP)

Loogootee
(*Zip Code* 47553)

Chattin, Robert E.....102 Wood (GP)
Lett, Emory B.....404 John F. Kennedy Ave. (GP)

Washington
(*Zip Code* 47501)

Barrett, James W.....1312 Bedford Rd. (GS)
Blazey, Arthur G.....7 E. Walnut St. (GP)
Chattin, Vance J.....511 E. Main St. (GS)
Farmer, Charles R.....200 E. Main St. (IM)
Lindsay, Hamlin B.....511 E. Main St. (GS)
McKittrick, Jack.....Green Acres (GP)
Norton, Horace O.....511 E. Hefron St. (GP)
Rang, Arthur A. (S).....211 N.E. Ninth St. (OO)
Rang, Robert H.....1312 Bedford Rd. (GS)
Ross, Glenn E.....1210 Bedford Rd. (R)
Schafer, William C.....1312 Bedford Rd. (OTO)
Seat, Marshall H.....2 E. Walnut St. (GP)
Snyder, Clarence E.....300 N.E. 4th St. (ORS)

DEARBORN-OHIO COUNTIES

Aurora
(*Zip Code* 47001)

Baker, Leslie M.....501 Fourth St. (GP)
Lindgren, Ivan T.....223 Machanic St. (GP)
Olcott, Charles W.....205 Main St. (GP)
Treon, James F. (S).....505 Fifth St. (GP)

McNeely, Matthew J. (S) Box 35, Dillsboro (47018) (GP)

Lawrenceburg
(*Zip Code* 47025)

Bowen, Gerald T.....209 Fourth St. (GP)
Conrad, Henry W.....370 Bielby Rd. (GP)
Frable, Frank L., Jr.....370 Bielby Rd. (GS)
Houston, Fred D.....30 W. High St. (GP)
Morrison, George G., Jr.....209 Fourth Ave. (GP)
Pfeifer, James M.....319 Front St. (GP)
Rhodes, Alfred K.....370 Bielby Rd. (OBG)
Scudder, Gary E.....370 Bielby Rd. (GP)
Streck, Francis A.....326 Walnut St. (GP)

Fessler, Gordon S. 311 Main St., Rising Sun (47040) (GP)

DECATUR COUNTY

Greensburg

(*Zip Code* 47240)

Acher, Robert P.....221 E. Washington St. (GP)
Callaghan, Winship C.....232 N. Broadway (OTO)
Dickson, Dale D.....333 E. First St. (GP)
Domingo, Ricardo C.....Domingo Bldg. (GP)
Ducanes, Arnold D.....215 N. Franklin St. (GP)
Miller, James C.....317 N. Franklin St. (GP)
Morrison, James T.....207 N. Franklin St. (GP)
Paje, Alfredo Q.....Murphy Bldg. (GP)
Shaffer, William.....214 N. Franklin St. (ANES)

Porter, Edward A. (S).....Westport (47283) (GP)
Porter, Robert A.....Westport (47283) (ANES)

DE KALB COUNTY

Auburn

(*Zip Code* 46706)

Covell, Harry M.....Lock Box 368 (GP)
Edwards, J. Robert .....903 S. Cedar St. (GS)
Harvey, John C.....405 S. Main St. (GP)
Hathaway, C. Bishop.....R. R. 1 (GP)
Hathaway, Wm. H.....R. R. 1 (GP)
Hines, John H.....403 Main St. (GP)
Hippensteel, Harland V.....P.O. Box 107 (GP)
Jinnings, Loren E.....P.O. Box (GP)
Rogers, Evered E.....212 W. Sixth St. (GP)
Souder, Bonnell M. (S).....206 W. Seventh St. (A)
Wills, Max.....347 W. Seventh St. (GP)

Shultz, Clifford.....Butler (46721) (GP)
Weirich, Charles I.....Butler (46721) (GP)

Garrett

(*Zip Code* 46738)

Carpenter, Ramesh S.....410 W. Houston (GP)
Nason, Robert A.....123 E. King St. (GP)
Novy, Charles A.....105 N. Randolph St. (OBG)

Coleman, Floyd B.....Waterloo (46793) (GP)
Hughes, William B.....Waterloo (46793) (GP)

Kantzer, Floyd B. (S).....12436 Morrow Ave., N.E., Albuquerque, New Mexico (87112) (GP)

DELAWARE-BLACKFORD COUNTIES

Brown, Stewart D.....Albany (47320) (GP)
Puterbaugh, Karl E. (S).....Albany (47320) (GP)
Egger, Ross L.....Daleville (47334) (GP)
Hurley, John R.....Daleville (47334) (GP)
Weisner, Richard M.....R. R. 1, Eaton (47338) (GP)
Ko, Richard C. B.....Gaston (47342) (GP)
Willman, Joe.....R. R. 1, Gaston (47342) (PATH)

Hartford City

(*Zip Code* 47348)

Dodds, James U.....227 W. Main St. (GP)
Dudgeon, Charles A.....720 N. Spring St. (GP)
Jackson, Dean B.....401 W. Washington St. (GP)
Owsley, Guy A.....214 N. High St. (OTO)
Parks, George O.....720 N. Spring St. (GP)
Sulit, Severino T.....214 N. High St. (GS)
Weldy, Bryce P.....227 W. Franklin St. (OTO)
Werry, Leslie E. (S).....1228 N. High St. (GP)

Burns, Paul E..121 E. High St., Montpelier (47359) (GS)
Ingram, Richard
206 S. Main St., Montpelier (47359) (GP)

Muncie

(*Zip Code* 473 *plus zone number*)

Adams, Julia L.....4608 W. Jackson (06) (PD)
Adams, William B.....2810 Ethel Ave. (04) (ANES)
Alexander, Jack L.....Norwood Office Ct. (04) (PD)
Alvey, Charles R.....115 N. Cherry St. (05) (OO)
Ashburn, Clarence M.....2810 Ethel Ave. (04) (ANES)
Ball, Clay A. (S).....303 W. Adams St. (05) (GP)
Ball, Philip .....2600 W. Jackson St. (03) (IM)
Baltzer, Donald J.....2810 Ethel Ave. (ANES)
Benken, Lawrence D....1111 W. Jackson St. (05) (OBG)
Bergwall, Warren L.....2923 W. Jackson St. (04) (GP)
Boberg, Arthur R...420 W. Washington St. (05) (IM)
Border, John F.....2724 W. North St. (03) (IM)
Botkin, Charles T.....400 White River Blvd. (03) (GP)
Botkin, Clyde G.....508 W. Jackson St. (05) (GP)
Branam, George E.....38 Warwick Rd. (04) (PATH)
Brown, Leland G.....412 White River Blvd. (03) (ORS)
Brown, Thomas M.....212 N. Pauline Ave. (03) (IM)
Burwell, Stanley W.....424 W. Jackson St. (05) (GS)
Butz, Ralph O.....1525 W. Jackson St. (03) (GS)
Clark, Lintner E.....420 W. Washington St. (05) (R)
Clark, Robert M.....2809 Goodman Ave. (04) (OPH)
Cooper, John F.....3022 S. Madison (02) (GP)
Covalt, Wendell E.....2724 W. North St. (03) (GS)
Cullison, John L.....Ball Memorial Hospital (03) (IM)
Cure, Elmer T. (S).....217 S. Cherry St. (05) (GP)
Dersch, David M.....2501 W. Jackson St. (03) (OBG)
Dietz, David J.....2810 Ethel Ave. (04) (GP)
Duffy, James O.....420 W. Washington St. (05) (GP)
Dunning, Thomas W.....1600 W. McGalliard (04) (GP)
Dutchman, William R.....2810 Ethel Ave. (04) (ANES)
Fiederlein, Frederick J.....2809 Godman Ave. (04) (N)
Galliher, Marjorie J...410 White River Blvd. (03) (GP)
Geckler, Charles E.....Box 2567 (05) (PATH)
Gibson, Robert K.....806 W. Jackson St. (05) (PD)
Goodell, Charles L.....2810 Ethel Ave. (04) (NS)
Greiber, Marvin F.....408A White River Blvd. (05) (P)
Gustafson, Milton H.....2606 W. Jackson St. (03) (D)
Haas, Ray A.....304 N. Manning (Resident)
Hall, Robert S.....1604 W. McGallaird (04) (GP)
Hayes, Theodore R.....520 W. Main St. (05) (U)
Henderson, Ramon A.....806 W. Jackson St. (05) (PD)
High, Ralph L.....420 W. Washington St. (05) (OBG)
Hollingsworth, Thomas H.
8211 Braeburn N. Dr. (04) (GP)
Holmes, John L.....412 White River Blvd. (03) (ORS)
Hostetter, Michael G..1011 Beechwood Ave. (04) (Intern)
Imhof, Joseph D.....320 W. Adams St. (05) (R)
Jay, Arthur C.....1700 N. Winthrop St. (04) (PATH)
Kalker, Morton.....704 Greenbriar Rd. (04) (ANES)
Kammer, Grace C.....420 W. Washington St. (GP)
Kirshman, Forrest E.....211 S. High St. (05) (GP)
Koch, Edwin F., Jr.....2401 University Ave (03) (R)
Koss, K. William.....1600 W. Jackson St. (03) (GP)
Lawson, Lawrence J.....3117 Petty Rd. (05) (GS)
McCallister, Larry L.....2518 Rosewood (04) (GP)
McClintock, James A.....316 W. Adams St. (05) (GS)
McDowell, Fletcher W.....926 W. Main St. (05) (GS)
Mathewson, Russell C.....1802 W. McGalliard Rd. (P)
Montgomery, Lall G..2401 University Ave. (03) (PATH)
Montgomery, Ralph F.....2501 W. Jackson (04) (OBG)
Moore, Jack C.....1812 W. McGalliard Rd. (03) (IM)
Moore, William C. (S)....110 N. Cherry St. (05) (GS)
Morris, Jean W.....222 Stradling Rd. (05) (OPH)
Moss, Mavor J.....1010 W. Parkway Dr. (03) (OO)
Nelson, Harold E.....2809 Goodman Ave. (05) (IM)
Newnam, Philip E...420 W. Washington St. (05) (IM)
Osborne, John V.....420 W. Washington St. (05) (GS)
Peacock, Robert C.....2724 W. North St. (03) (U)
Pell, Donald M.....3109 Goodman Ave. (IM)
Pippinger, Joseph I.....310 W. Jackson St. (05) (GP)
Pippenger, Wayne G.....Ball State University (06) (ADM)
Quick, William J.....314 E. Washington St. (05) (GP)
Reedy, Richard L.....R. R. 6, Box 190 (04) (GP)

Reul, Geo. M.....2602 W. Gilbert St. (03) (Resident)
Rittmeyer, Jack L.....1309 Ridge Rd. (04) (IM)
Rivers, Glynn A.....625 W. Adams St. (05) (GP)
Roch, L. Marshall...406 White River Blvd. (03) (OPH)
Schulhof. Maurice G...420 W. Washington St. (05) (GS)
Searight, Howard R.....2923 W. Jackson St. (04) (OTO)
Shaw, Matthew C.....2810 Ethel Ave. (04) (ANES)
Speck, Carlson R.....Ball Memorial Hospital (03) (R)
Stanley, John R.....1111 W. Jackson St. (05) (OBG)
Stibbins, Warren E.....2605 Wheeling Ave. (04) (GP)
Stout, Francis E.....2423 W. Jackson St. (03) (OBG)
Taylor, Donald R.....Ball Memorial Hospital (03) (R)
Tharp, Donald W.....3121 Petty Rd. (05) (OTO)
Tharp, John D. .....2923 W. Jackson St. (05) (U)
Tomlin, Hugh M.....420 W. Washington St. (05) (IM)
Vlaskamp, Elaine.....500 W. Charles St. (05) (GP)
Voss, Gert.....420 W. Washington St. (05) (OBG)
Walker, Jack M.....412 White River Blvd. (03) (ORS)
Ware, Herbert E.....2200 Janney (04) (GP)
Wince, Leland L.....806 W. Jackson St. (05) (PD)
Yarling, John L.....408 Riverside Ave. (03) (CHP)
Young, Gerald S.....924 W. Main St. (05) (PD)

Hinchman, Jean F.....Parker (47368) (GP)
Cole, Larry G.....Yorktown (47396) (GP)
Cooley, Paul P.....Yorktown (47396) (GP)
Hill, Robert E.....Yorktown (47396) (GP)

Botkin, Charles L. (S)
1007 S. Oceanside Dr., Hollywood, Fla. (33020) (OO)
Haines, David W.
Com. Atk. Car. Air Wing One, NAS Oceana, Virginia Beach, Va. (23460) (OPH)
Owsley, William J.....400 38th St. (92660) Newport Beach, Cal. (OTO)
Rivers, Thomas A.
342 Kenady Cir. Col. Springs, Col. (OO)
Scherschel, J. Kent.....PCS #5, APO Seattle, Wash. (Military)

DUBOIS COUNTY

Backer, Henry G. (S).....Ferdinand (47532) (GP)
Encinas, Senen J.....Crawford Med. Clinic (47118) English, Ind. (GP)
Fajardo, Manuel.....Ferdinand (47532) (PATH)
Held, Geo. A.....R. R. 1, Loogootee, Ind. (GP)
Leon, Mario.....Holland (47541) (GP)

Huntingburg

(*Zip Code* 47542)

Amini, Sohrab.....521 Fourth St. (GS)
Borges, Victor J.....409 Van Buren (GS)
Bretz, John M.....302 Fourth St. (GP)
Craig, Harry L.....409 Van Buren (GP)
Erhart, Herbert G.....409 Van Buren (GP)
Scales, Alfred B. (S).....409 Van Buren (GS)
Scales, Allen D.....409 Van Buren (GP)
Stork, Harvey K. (S).....509 Fourth St. (GP)
Williams, Fielding P.....215 W. Walnut St. (GP)

Jasper

(*Zip Code* 47546)

Beaven, John B.....111 Central Bldg. (GS)
Bomalaski, M. Donald.....501 W. 9th St. (R)
Gootee, Francis H.....501 Clay St. (GP)
Gootee, Thomas H.....501 Clay St., (OBG)
Heck, Martin C.....Box 188 (GP)
Kemker, Bernard.....111 Central Bldg., Jasper (OO)
Klamer, Charles H.....715 MacArthur St. (GP)
Lukemeyer, St. John (S).....109 W. 12th St. (GP)
Ploetner, Edward J.....111-115 Central Bldg. (GS)
Salb, John P.....106 Metzger Bldg. (GP)
Salb, Leo A. (S).....301 E. Sixth St. (GP)
Wagner, Arthur L.....115 E. Ninth St. (GP)

ELKHART COUNTY

Horswell, Richard G.....Bristol (46507) (IM)
Neidballa, Edward G.....Bristol (46507) (GP)

Elkhart

(*Zip Code* 46514)

Arlook, Theodore D.....912 W. Franklin St. (D)
Atwood, William H.....The Elkhart Clinic (IM)
Bender, Robert L.....411 S. Third St. (GP)
Benson, James E.....The Elkhart Clinic (P)
Billings, Elmer R.....The Elkhart Clinic (IM)
Bloom, George R.....Simpson & Superior Sts. (GP)
Boling, Richard C.....1332 W. Indiana Ave. (OPH)
Bowdoin, George E. (S).....515 S. Second St. (GP)
Campbell, Patrick B.....605 Oakland Ave. (PD)
Cassim, Rechad M.....The Elkhart Clinic (PD)
Classen, Pete R. C.....4112 S. Main St. (GP)
Compton, Walter A.....2225 Greenleaf Blvd. (OM)
Conklin, Raymond L. (S).....215 Swanson Circle (OM)
Cormican, Herbert L.....1400 Hudson St. (OBG)
Dovey, Edward G.....513 Oakland Ave. (U)
Durham, Thomas E.....The Elkhart Clinic (ORS)
Echeverria, Rodolfo E.....The Elkhart Clinic (ORS)
Elliott, Thomas A.....5 Kim Ct. (IM)
Fear, Olan D.....The Elkhart Clinic (IM)
Finfrock, James D.....515 S. Second St. (GS)
Futterknecht, James O.....The Elkhart Clinic (GS)
Gattman, G. Beach.....The Elkhart Clinic (PD)
Graber, Virgil R.....1400 Hudson St. (OBG)
Hannah, Jack W.....1906 E. Jackson Blvd. (ANES)
Harrell, Ronald R. .....R. R. #5 (OM)
Heiser, Ervin W.....1400 Hudson St. (OBG)
Hurley, James W.....The Elkhart Clinic (IM)
Ivy, John H.....303 S. Nappanee St. (IM)
Jones, Robert B.....1528 W. Franklin (OTO)
Kesim, Mufit H.....1332 W. Indiana Ave. (PD)
Kintner, Burton E.....Simpson & Superior Sts. (GP)
Klassen, Otto D.....P.O. Box 6 (CHP)
Knight, E. Larry.....303 S. Nappanee St. (OO)
Krause, Frederick.....4112 S. Main St. (GP)
Lundt, Milo O.....1400 Hudson St. (U)
Luther, William C.....3006 East Lake Dr., S. (GP)
Mark, George A.....814 W. Marion St. (IM)
Martin, Paul H.....313 N. Second St. (PH)
Middleton, Ramona J.....1400 Hudson St. (OBG)
Miller, Galen R.....403 S. Ninth St. (GS)
Miller, Hugh A., Jr.....Miles Lab. Inc. (IM)
Miller, Samuel T. (S).....174 Witmer Ave. (GP)
Mininger, Edward P.....1400 Hudson St. (OBG)
Mishkin, Irving.....209 S. Second St. (GP)
Mishkin, Marvin.....209 S. Second St. (CD)
O'Donovan, Cornelius J.....Miles Lab., Inc. (IM)
Paff, William A.....1509 Meadow Lane (IM)
Paine, George E.....329 Meisner Ave. (ANES)
Pancost, Vernon K.....1000 W. Marion St. (GP)
Papadopoulos, Aristides P.....The Elkhart Clinic (ORS)
Parshall, Dale B.....Elkhart Gen. Hosp. (R)
Peterson, James A.....The Elkhart Clinic (PD)
Pletcher, William D.....The Elkhart Clinic (IM)
Price, Robert W.....2600 Oakland Ave. (CHP)
Reed, James C.....303 S. Nappanee St. (D)
Rouen, Robert L.....1209 Harrison St. (OPH)
Rupe, Lloyd O.....211 S. Fifth St. (GS)
Rupel, Dennis F.....2600 Oakland Ave. (P)
Scheer, Alexander L.....The Elkhart Clinic (OTO)
Schlosser, Herbert C. (S).....116 W. Marion St. (GS)
South, Dale R., Jr.....Simpson & Superior Sts. (GP)
Spray, Page E.....320 W. High St. (GP)
Stubbins, William M.....1006 W. Franklin St. (GP)
Swank, Lucretia R.....1600 E. Jackson Blvd. (ANES)
Swihart, Danny D.....Simpson & Superior Sts. (GP)
Swihart, Homer R.....1200 W. Marion St. (GP)
Walerko, Frank M.....3009 E. Lake Dr. S. (GP)
Wilson, Orley E.....217 N. Main St. (GP)
Yoder, C. Richard.....603 Oakland Ave. (PD)
Zeitler, Philip S.....1332 W. Indiana Ave. (ORS)

Goshen

(*Zip Code* 46526)

Bender, John M.....Goshen General Hospital (PMR)

Bigler, Frederick W.....314 S. Fifth St. (ANES)
Bowser, Philip G.....107 S. Fifth St. (GP)
Chandler, Leon H.....112 E. Lincoln Ave. (GS)
Gunderson, Shaun D.....R. R. 3, Box 334 (R)
Haney, Leslie E.....112 S. Fifth St. (IM)
Harris, Neil R.....307 S. Seventh St. (GP)
Kennedy, Myron S.....1908 W. Clinton St. (GP)
Krabill, Willard S.....110 W. High Park Ave. (GP)
Massanari, Walter S.....211 Egbert Rd. (ANES)
Minter, Donald L.....110 W. High Park Ave. (IM)
Quilty, Thomas J.....112 E. Madison St. (OTO)
Smucker, Ernest E.....112 S. Fifth St. (GS)
Stoltzfus, Glenn B.....110 W. High Park Ave. (PD)
Troyer, Dana O.....201 E. Clinton St. (OPH)
Troyer, Weldon.....110 W. High Park Ave. (GP)
Turner, John P.....P.O. Box 463 (GP)
Westfall, George S.....304 E. Lincoln Ave. (GP)
Young, Ralph H.....113 E. Madison St. (GP)

Cripe, Earl P....328 N. East St., Bremen, (46506) (GP)
Gill, Dee D.....Leesburg (46538) (GS)
Yoder, Carl J.....Middlebury (46540) (GP)
Rheinheimer, Floyd L.....Milford (46542) (GP)

Nappanee
(*Zip Code* 46550)

Graber, Alvin R.....357 N. Nappanee St. (GP)
Kendall, Forest M.....654 Woodland Ct. (GP)
Price, Douglas W.....162 E. Market St. (GP)
Roose, Lisle W.....357 N. Nappanee St. (GP)
Wenger, James E.....357 N. Nappanee St. (GP)

DeFries, John J.....New Paris (46553) (GP)
Gorham, Charles E.....New Paris (46553) (GP)
Clark, Jack P.....Box 607 Syracuse (46567) (GP)
Craig, Robert A...P. O. Box 607, Syracuse (46567) (GP)
Fosbrink, Ephraim L.
218 S. Huntington St., Syracuse (46567) (GP)
Meyers, Wm. L.....Rt. 3 (GP)
Zimmerman, William H...R. R. 2, Syracuse (46567) (GP)
Guttman, John B.....Wakarusa (46573) (GP)
Miller, James.....Wakarusa (46573) (GP)

Todd, David D. (S)
6455 La Jolla Blvd., La Jolla, Calif. (92037) (OO)
Wagner, David G.....750 MacArthur Blvd.,
#401 Oakland, Calif. (94610) (GP)

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Guinigundo, Noli C.....R. R. 4, Shadow Dr. (GP)
Peters, Elmer E.....830 Main St. (GP)
Seal, Perry F.....901 Main St. (GP)

Connersville
(*Zip Code* 47331)

Angeles, Armando E.....124 E. 6th St. (GS)
Ellis, George M.....108 E. 10th St. (GP)
Hudson, Arlington M.....321 W. 20th St. (GP)
Janes, R. Grant.....R. R. 2 (R)
Kerrigan, William F.....Prof. Arts. Bldg. (GP)
Lockhart, Jack M.....707 W. Third St. (GP)
Mountain, Francis B.....930 Central Ave. (GP)
Neukamp, Frank H.....707 W. Third St. (GP)
Renforth, Wm.....612 Tulip Lane (GP)
Sanders, Bertram W.....634 Eastern Ave. (GP)
Steinem, Joseph L.....818 Grand Ave. (GP)

FLOYD COUNTY

Boha, Rudolf L.....Borden (47106) (GP)
Bickers, Everett E.
Route 2, Box 428, Floyd Knobs (47119) (GP)
Higgins, John R....R. R. 2, Box 405 c, Floyd Knobs (GS)
Allen, George S.....Georgetown (47122) (GP)
Receveur, Paul E...Box 403, Jeffersonville (47130) (GP)

New Albany
(*Zip Code* 47150)

Baker, Avey M. (S).....811 E. Spring St. (GP)
Barbee John Y. Jr.,.....1919 State St. (OPH)
Baxter, Samuel M. (S).....1201 E. Spring St. (OTO)
Best, Maurice M., Jr.....1233 Vance Ave. (OO)
Bowman, Leon.....2652 Charlestown Rd. (GP)
Brown, Kenneth H.....410 E. Spring St. (GP)
Buchman, Marshall H.....1824 State St. (GP)
Bundy, Vernon.....700 Spring St. (GS)
Cannon, Daniel H.....1203 E. Spring St. (GP)
Cook, Melvin D.....1919 State St. (GS)
Edwards, William F.....604 E. Spring St. (OTO)
Garner, William H., Jr.....919 E. Spring St. (GS)
Garner, William H., Sr. (S).....919 E. Spring St. (GS)
Harlowe, Stuart E.....15 Trimingham Rd. (U)
Hess, Paul P.....1313 Ridgeway Ave. (PD)
Johnson, William V.....1919 State St. (R)
Jones, Thomas M.....1919 State St. (GP)
LaFollette, Donald R.....1000 E. Spring St. (GP)
LaFollette, Robert E.....1000 E. Spring St. (GP)
McCullough, James Y.....700 E. Spring St. (GS)
Nedelkoff, Bogdan.....R. R. 2, Box 500H (PATH)
Paris, John M.....1919 State St. (GP)
Perdomo, Octavio J.....Silvercrest Hospital (GP)
Pierce, Gene S.....1696 Garretson Lane (GP)
Pope, Howard A.....1919 State St. (GP)
Rand, B. O.....1919 State St. (NS)
Receveur, Robert.....2626 Charlestown Rd. (GP)
Robertson, Addis N. (S).....820 E. Spring St. (GP)
Robinson, Nan.....1726 State St. (PD)
Ruoff, William F.....1109 Lafayette Dr. (IM)
Shelton, Clyde F.....1726 State St. (PD)
Sonne, Irvin H., Jr.....1546 Sunset Dr. (R)
Streepey, Jefferson I.....1919 State St. (GP)
Tyler, Frank T. (S).....420 Vincennes St. (GP)
Voyles, Harry E. (S).....213 Elsby Bldg. (GP)
Wallace, Elmer L.....1919 State St. (GP)
Wolfe, Morton F.....2533 Glenwood Ct. (GP)
Wolfe, Nelson A.....1919 State St. (GP)
Worley, Henry L.....601 E. Spring St. (OPH)
Youngs, Paul E.....2652 Charlestown Rd. (GP)

FOUNTAIN-WARREN COUNTIES

Attica
(*Zip Code* 47918)

Petrich, Peter R.....401 S. Perry St. (GP)
Raymundo, Vivencio F.....401 S. Perry St. (GP)

Covington
(*Zip Code* 47932)

Hoffman, Max N.....416 Union St. (GP)
Stephens, Lowell R.....Box 185 (IM)
Suzuki, Tsutomu T.....505 Washington St. (GP)

Furr, Jack D.....Oak Forest, Ill.(60452) (GP)
Person, Theodore C.....Veedersburg (47987) (GP)
Rusk, Hubert M.....Wallace (47988) (GP)
Nelson, Carl A.....West Lebanon (47991) (GP)
Ringer, William A.....Williamsport (47993) (GP)
Salvo, At S.....Williamsport, (ANES)

FULTON COUNTY

Herrick, Charles L.....Akron (46910) (GP)
Miller, Virgil C.....Akron (46910) (GP)
Kraning, Kenneth K.....Kewanna (46939) (GP)

Rochester
(*Zip Code* 46975)

Richardson, Joseph D.....121 W. Eighth St. (GP)
Stinson, Dean K.....816 Main St. (GP)
Walton, F. Richard.....R. R. 2 (GS)

GIBSON COUNTY

Geick, Raymond G.....Fort Branch (47648 (GP)
Marchand, Edwin V. (S).....Haubstadt (47639) (GP)
Petitjean, Harold G.....Haubstadt (47639) (GP)
Dye, William E.....Oakland City (47660) (GP)

Princeton
(*Zip Code* 47670)

Graves, Orville M. (S).....116 S. Hart St. (GP)
McCarty, Virgil (S).....113 S. Main St. (GP)
McElroy, Robert S.....116 S. Main St. (GS)
Peck, James F.....302 N. Prince St. (GP)
Weitzel, Roland E.....114 S. Hart St. (GP)
Wells, William R.....510 N. Main St. (GP)

GRANT COUNTY

Shrock, Ethan E.....Amboy (46911) (GP)
Malott, Fred R.....Converse (46919) (GP)
Yale, Charles A.....Fairmount (46928) (GP)
Love, V. Logan
1301 S. Harrison St., Fort Wayne (46802) (IM)
Munoz, Jose C.
6507 Midfield Dr., Fort Wayne (46809) (PD)
Koontz, William A.
126 E. Main St., Gas City (46933) (GP)
Shoemaker, Richard L.
212 E. North C St., Gas City (46933) (GP)
Baskett, Russell J.....Jonesboro (46938) (GP)

Marion
(*Zip Code* 46952)

Abell, Charles F.....500 Wabash Ave. (ORS)
Alderfer, Henry H.....208 W. Fourth St. (IM)
Ayres, Wendell W.....105 Prof. Arts Bldg. (GS)
Belcher, Alan D.....Marion General Hosp. (R)
Bloom, Asa W.....610 River Dr. (GP)
Boldy, Mirhan.....131 N. Washington St. (IM)
Boyer, Grace M. B.....605 Locust St. (GP)
Brown, Robert M.....520 Marion Nat'l Bank Bldg. (GP)
Caldwell, Richard B.....2610 E. Bocock Rd. (GP)
Chan, John T.....P.O. Box 1111 (ANES)
Chaney, Robert D.....1326 Woodland Dr. (ANES)
Chin, Mary C.....38th & Home Ave. (OO)
Comeau, William J.....Marion General Hosp. (R)
Cunningham, Robert D.....500 Wabash Ave. (IM)
Davis, Joseph B.....131 N. Washington St. (GS)
Davis, Merrill S. (S).....131 N. Washington St. (GS)
Donaldson, Miles W.....2927 S. Washington St. (GP)
Dunbar, Fred E.....1251 Kem Rd. (GP)
Fisher, Henry.....1502 S. Washington St. (GP)
Fisher, Pierre J., Jr.....500 Wabash Ave. (GS)
Fuelling, James L.....217 E. Grant (OPH)
Ganz, Max.....1251 Kem Rd. (GP)
Garrison, Leon J. (S).....515 E. Main St. (GP)
Goldsmith, David A.....2711 River Rd. (IM)
Grant, M. Arthur.....P. O. Box 1088 (ANES)
Guevara, Teodoro G.....607 Windsor Dr. (IM)
Hummel, Russel M.....500 Wabash Ave. (GP)
Jarrett, John C.....208 W. Fourth St. (OBG)
Jesch, Doris.....706 Gardner Dr. (PD)
Kershner, Charles R.....100 Prof. Arts Bldg. (ORS)
Khalouf, Herbert C.....2036 Kem Rd. (GS)
Khalouf, Shirley T.....2036 Kem Rd. (PMR)
Lahr, Richard E.....815 Jeffras (GP)
Lavengood, Russell W. (S).....114 W. 2nd St. (GP)
Long, Max R.....803 S. Boots St. (GP)
Lonngren, Dudley H.....611 Cardinal Lane (R)
Miller, H. Allison.....106 W. 2nd St. (GS)
Musselman, Lawrence K.....500 Wabash Ave. (P)
Pattison, John D.....131 N. Washington St. (IM)
Pearcy, Marcene.....2970 N. Rd. 220 E. (U)
Powell, J. Paxton.....500 Wabash Ave. (GS)
Rajachar, Mathikere R.....131 N. Washington St. (IM)
Reid, James D.....932 Gustave Pl. (OPH)
Renbarger, Lester L.....1531 W. Second (GP)
Rhamy, Donald E.....500 Wabash Ave. (U)
Rhorer, John G.....106 Prof Arts Center (ANES)
Shuck, William A., Jr.....1251 Kem Rd. (GS)
Simmons, Frederick H.....1009 N. Baldwin (OTO)
Skomp, Claude.....110 Prof. Arts Center (R)
Smith, Barton T.....208 W. Fourth St. (OBG)
Smith, Evrett E.....511 Peconga Dr. (R)
Snowhite, Arthur B.....500 Wabash Ave. (OPH)
Thompson, B. Jay.....Marion General Hosp. (PATH)
Thompson, Samuel R.....903 Overlook Rd. (OPH)
Tomlinson, Jerry A.....Marion General Hosp. (PATH)
Walton, R. Lee.....4921 S. Western Ave. (PD)
Warren, Carroll B.....317 N. Western (OBG)
Wilson, Ned A.....317 N. Western Ave. (PD)
Wojcik, Ladislas D.....131 N. Washington St. (PD)
Young, Robert G.....1207 Northwood Ct. (GP)

Goetcheus, Janell A.....Upland (46989) (ADM)
Taylor, Everett C.....Upland (46989) (GP)
McKeever, Joseph.....R. R. 1, Peru (46970) (IM)
Rifner, Eugene S.....Van Buren (46991) (GP)
Rhamy, Arthur P. (S)....R. R. 5, Wabash (46992) (U)

GREENE COUNTY

Bloomfield
(*Zip Code* 47424)

Graf, Jerome A.....227 W. Mechanic St. (GP)
Lardizabal, Jose M.....P.O. Box 48 (GP)
Mount, Mathias S.....340 Mechanic (GP)
Turner, Harold B. (S).....126 E. Indiana Ave. (GP)

Jasonville
(*Zip Code* 47438)

Porter, Carl M.....124 Cook St. (GP)
Rotman, Harry G.....111½ E. Main St. (GP)
Rotman, Sam I.....P. O. Box 127 (GP)

Linton
(*Zip Code* 47441)

Bailey, Edwin B.....129 E. Vincennes (GP)
Broshears, Kenneth P.....129 E. Vincennes (GP)
Raney, Ben B.....129 E. Vincennes (GP)
Tomak, Milton E.....289 N. Main St. (GP)
Woner, John W.....Linton (GP)

Hayter, Robert.....Lyons (47443) (OO)
Powers, William R.....Lyons (47443) (OO)
Moses, George E. (S).....Worthington (47471) (GP)
Moses, Robert E.....Worthington (47471) (GP)

HAMILTON COUNTY

Havens, Oscar.....Cicero (46034) (GP)

Noblesville
(*Zip Code* 46060)

Ambrose, Jesse C.....298 N. Ninth St. (GP)
Blackburn, Howard R.....14010 Allisonville Rd. (R)
Carter, Eunice M.....1084 Clinton St. (PD)
Harris, Robert F.....120 N. 11th St. (GP)
Hash, John S.....110 Lakeview Dr. (GS)
Haywood, John G.....110 Lakeview (GP)
Lanning, R. Adrian.....10th and North Dr. (GP)
Lloyd, Joe R.....107 John St. (GP)
Shanks, Ray W. (S).....1507 Logan St. (GP)
Waitt, Paul M.....450 Lafayette Rd. (GS)

Ayers, Marion E...7979 Englewood Rd., Indpls. (ANES)
Griffith, James W. (S).....Sheridan (46069) (GP)
Manhart, Doyle B.....Sheridan (46069) (GP)
Newby, Eugene.....Sheridan (46069) (GP)
Connoy, Leo F.....Westfield (46074) (GP)

HANCOCK COUNTY

Scott, Robert O.....Charlottesville (46117) (GP)
Garrison, James L.....Cumberland (46229) (GP)
Navin, Hugh K.....Fortville (46040) (GP)
Rhynearson, Hal R.....Fortville (46040) (GP)
Rhynearson, William R.....Fortville (46040) (GP)

Greenfield
(*Zip Code* 46140)

Adams, Max R. (S).....822 Oak Blvd. (GP)
Anderson, James T.....120 W. McKenzie Rd. (GP)
Beeson, Wilbur P.....120 W. McKenzie Rd. (GP)
Endicott, Wayne H.....120 W. McKenzie Rd. (GP)
Farrell, John J., Jr.....120 W. McKenzie Rd. (GP)
Henn, R. Anthony.....137 Michigan (GP)
Hunter, Donn R.....120 W. McKenzie Rd. (GP)
Kinneman, Robert E.....120 W. McKenzie Rd. (GP)
Kirby, Ted C.....P.O. Box 707 (GP)
Moenning, John E.....120 W. McKenzie Rd. (GS)
Pareja, Frank S.....804 N. State St. (GP)
Rea, Ralph L.....120 W. McKenzie Rd. (GP)
Singco, Bienvenido O.....1513 Brunner Dr. (GP)
Smith, John H.....144 Grandison Rd. (GP)
Thomas, Andrew C.....10 W. Boyd St. (GP)
Vingis, Bronie A.....746 N. State St. (GP)

Cagle, Bob R.....New Palestine (46163) (GP)
Pierson, Thomas A.....New Palestine (46163) (GP)
Arive, Floro F.....6264 Redham Lane
Oaklandon (46236) (GP)
Miller, Joseph A.....Oaklandon (46236) (GP)
Kuhn, Robert W.....Wilkinson (46186) (GP)
Hensley, Harry T.....11825 Broadway, Oaklandon (GE)

HARRISON-CRAWFORD COUNTIES

Corydon
(*Zip Code* 47112)

Blessinger, Louis H.....101 W. Chestnut St. (GP)
Brockman, Wilfred J.....439 E. Chestnut (GP)
Dillman, Carl E.....Beaver & Oak Sts. (GP)
Dukes, David J.....439 E. Chestnut St. (GP)
Jordan, Richard A.....Harrison Dr. (GP)
Martin, Samuel W.....R. R. 1 (GP)

May, R. Milton.....Laconia (47135) (GP)
Seipel, Stanley.....Lanesville (47136) (GP)
Benz, Jesse C. (S).....Marengo (47140) (GP)

HENDRICKS COUNTY

Brownsburg
(*Zip Code* 46112)

Baker, Glenn.....Box 36 (GP)
Black, M. James.....Box 36 (GP)
Scudder, Arthur N.....24 N. Grant St. (GP)
Walker, Thomas M.....702 E. Main St. (GP)

Danville
(*Zip Code* 46122)

Cheesman, Donald D.....100 Meadows Dr. (GP)
Heinlein, Carl L.....100 Meadow Dr. (GP)
Hibbeln, Thos. J.....14 S. Jefferson St. (GS)
Kerlin, Joseph C.....100 Meadow Dr. (PD)
Kirtley, Robert W.....P.O. Box 90 (GP)
Koch, Elmer L.....201 E. Columbia St. (GP)
Terry, Lloyd S.....P.O. Box 90 (GP)

Ellis, Lyman H.....Lizton (46149) (GP)
Gibbs, Joseph W.
Home Lawn Sanitarium, Martinsville (46151) (GP)
Scamahorn, Malcolm O.....Pittsboro (46167) (GP)

Plainfield
(*Zip Code* 46168)

Calhoon, John P.....1655 Hawthorn Dr. (GP)
Clark, Eric D.....1655 Hawthorn Dr. (GP)
Coats, Eli A.....28 Karyn Dr. (GP)
Cohen, Irving.....645 E. Main St. (GP)
Folkening, Mark N.....1655 Hawthorn Dr. (GP)
Haggard, David B.....P. O. Box 337 (GP)
Stafford, William C.....P. O. Box 97 (GP)
Warbinton, Fred P.....P. O. Box 191 (GP)

HENRY COUNTY

Donahue, Francis E.....Dublin (47335) (GP)
Miller, William A. (S)
99 S. Washington, Hagerstown (47346) (GP)
Stauffer, George E.....Mooreland (47360) (GP)

New Castle
(*Zip Code* 47362)

Bledsoe, James G.....319 S. 14th St. (GP)
Brock, Joseph T.....New Castle State Hosp. (N)
Burnett, Arthur B.....801 Melody Lane (OPH)
Cain, David R.....1912 Bundy Ave. (GP)
Campbell, Sam W.....901 McCormack Dr. (R)
Dye, Cloyd L.....1007 N. 16th St. (IM)
Easter, James N.....1912 Bundy Ave. (GP)
Fisher, John E.....1135 Woodlawn Dr. (IM)
Foster, Ray T.....420 N. Main St. (GS)
Grant, Phyllis A.....3007 S. 14th St. (GP)
Heilman, William C., Jr.....1007 N. 16th St. (GP)
Heilman, William C. (S).....1007 N. 16th St. (OBG)
Hill, Kenneth G.....530 S. Main St. (GP)
Iterman, George E. (S).....729 I Ave. (GP)
KinKade, Paul T.....1015 Broad St. (GS)
Life, Homer L.....1015 Broad St. (GS)
McDonald, Frank C.....365 Trojan Lane (GP)
McElroy, James S.....1813 Bundy Ave. (GS)
McKee, Roy G.....606 N. Fair Oaks (GP)
May, A. J.....540-C S. Main St. (GP)
Morec, George J.....1007 N. 16th St. (PD)
Paz, Luis.....1007 N. 16th St. (U)
Pollack, Seymour L.....New Castle Hosp (N)
Saint, William K.....540-B S. Main St. (GS)
Smith, Mark E.....631 S. 11th St. (GS)
Steussy, Calvin N.....601 Hoosier Dr. (PATH)
Stricker, Paul J.....319 S. 14th St. (GP)
Vivian, Donald E..... R. Rte 4 (R)
Webb, Joan L.....424 S. Main St. (P)
Webb, O. Lynn.....424 S. Main St. (GP)
Wiatt, Leonard H.....612 Plymouth (ANES)
Wilhelm, Guido P.....1007 N. 16th St. (OBG)
Zeps, E. Frances.....100 Van Nuys Rd. (PH)

Robertson, William S.....Spiceland (47385) (GP)
Burns, Winton H.
39 Kirby, Ft. Rucker, Ala. (36360) (CD)

HOWARD COUNTY

Harvey, Emerson C., Jr.....Burlington Clinic,
Burlington (46915) (OM)
Denton, Larkin D.....Greentown (46936) (GP)
Longshore, Robert E.....9034 Compton St.,
Indianapolis (46240) (ANES)

Kokomo
(*Zip Code* 46901)

Alward, John H.....401 W. Walnut St. (GS)
Artis, Myrle E.....519½ N. Main St. (GP)
Bowers, Copeland C.....210 W. Mulberry St. (GP)
Bowers, Garvey B.....210 W. Mulberry St. (GS)
Bowers, John A.....210 W. Mulberry St. (OTO)
Bowman, John.....308 W. Taylor (OO)
Bradley, Richard V.....3421 S. Lafountain (GP)
Brown, Richard J.....400 S. Berkley Rd. (U)
Bruegge, Theodore J.....P.O. Box 2044 (GS)
Cattell, Lee M.....400 S. Berkley Rd. (ORS)
Clevinger, William G.....1901 S. Park Rd. (PATH)
Conley, Thomas M.....500 Southway Blvd., East (GP)
Craig, Reuben.....514 W. Superior St. (PD)

Crawford, Theodore R.....P.O. Box 2044 (IM)
Das, Amal K.....401 E. Reynolds Dr. (GP)
Doss, Jerome F.....3520 S. Lafountain (OBG)
Earl, Max M.....502 S. Berkley Rd. (IM)
Elleman, John H.....416 W. Mulberry St. (GP)
Ericson, Homer S.....107 S. Dixon Rd. (GP)
Fields, Donald L.....3520 S. Lafountain (PD)
Frazier, John L.....3421 S. Lafountain (IM)
Fretz, Richard C.....2008 W. Sycamore St. (GP)
Golper, Marvin N.....1907 W. Sycamore St. (R)
Good, Richard P.....400 S. Berkley Rd. (OTO)
Grothouse, Carl B.....400 S. Berkley Rd. (ORS)
Guin, Jere D.....400 S. Berkley Rd. (D)
Halfast, Richard W.....400 S. Berkley Rd. (ORS)
Harshman, James A.....St. Joseph Hospital (PATH)
Higgins, Jack W.....400 S. Berkley Rd. (GP)
Hutto, William H.....4815 W. Sycamore (GS)
Jewell, George M....610 Armstrong-Landon Bldg. (OTO)
Kremers, George A.....400 S. Berkley Rd. (U)
Lehman, David P.....4200 Millerwood Lane (ANES)
Lodde, Marvin B.....3500 Tally Ho Dr. (ANES)
McClure, Warren N.....319 S. Berkley Rd. (GP)
McIndoo, Ralph E. (S).....313 W. Taylor St. (GP)
Mendelson, Stanley M.....401 E. Reynolds Dr. (GP)
Michael, Robert L.....3423-C S. Lafountain (GS)
Miethke, Richard P.....Delco Radio Div. (OM)
Moore, John M.....3520 S. Lafountain (OBG)
Murray, Ernest C.....408 W. Mulberry St. (IM)
Musngi, Luciano P.....401 E. Reynolds (GP)
Paris, Durward W...614 Armstrong-Landon Bldg. (IM)
Perkins, Powell L.....317 S. Berkley Rd. (GS)
Pesarillo, Servando N.....401 E. Reynolds (GP)
Phares, Robert W.....1712 S. Malfalfa Rd. (ANES)
Prather, Philip E.....909 S. Courtland (GP)
Quakenbush, John.....3421 S. Lafountain (IM)
Radpour, Shokri.....315 S. Berkley Rd. (OTO)
Ramey, John W. (S).....121½ W. Mulberry St. (GP)
Rinehart, James J.....401 E. Reynolds Dr. (OBG)
Rudicel, Max.....1907 W. Sycamore St. (PATH)
Scherschel. Thomas R.....3423-B S. Lafountain (GS)
Schwartz, Frederick C.....2016 W. Sycamore (GP)
Sekulich, Milo.....St. Joseph Hospital (R)
Smith, Charles F.....Howard Community Hosp. (R)
Spangler, Jesse S. (S).....215 E. Taylor St. (GP)
Tate, James.....3520 S. Lafountain (PD)
Tignor, Sterling P.....401 E. Reynolds Dr. (GS)
Tofaute, John L.....1721 W. Walnut St. (ORS)
Trimble, John G.....116 S. Buckeye St. (OPH)
Van Denbark, Howard M...313-B S. Berkley Rd. (OBG)
Wachob, Tom W., Jr.....3520 S. Lafountain (OBG)
Wilson, Norman K.....3421 S. Lafountain (ORS)

Ware, John R.....Russiaville (46979) (GP)

HUNTINGTON COUNTY

Huntington
(*Zip Code* 46750)

Blair, Richard G.....3 Parkmoor Dr. (GP)
Brubaker, Harold S.....42 W. Park Dr. (GP)
Casey, Stanley M. (S).....408 E. Market St. (GS)
Clunie, William A.....323 W. Park Dr. (OTO)
Cope, Stanton E.....1022 N. Jefferson St. (GP)
Doermann, Paul E.....1775 N. Jefferson St. (GS)
Erehart, Mark G. (S)..Maple Grove Rd., R.R. 8 (OPH)
Eviston, John B. (S).....34 E. Washington St. (GP)
Gill, D. Richard.....1751 N. Jefferson St. (GP)
James, Thomas, Jr.....202 U. B. Publishing Bldg. (GS)
Marks, Howard H.....248 W. Park Dr. (GP)
Peare, Reeve B.....1751 N. Jefferson St. (GP)
Wagner, Richard.....1355 Guilford (GP)
Wheeler, Barth E.....818 W. Park Dr. (GP)

Cooper, B. Trent.....Roanoke (46783) (GP)
Bennett, J. B.....Warren (46792) (OBG)
McLaughlin, James R.....Warren (46792) (GP)
Meiser, Robt. D.....P.O. Box 218 (85351)
Sun City, Ariz. (OTO)

JACKSON-JENNINGS COUNTIES

Gillespie, Garland R.....Brownstown (47220) (GP)
Shields, Jack E.....Brownstown (47220) (GP)
Bard, Frank B.
305 E. Howard St., Crothersville (47229) (GP)
Scharbrough, William D.....Brownstown (47220) (GP)
Ellis, Forrest D.....4621 Melbourne Rd.,
Indianapolis (46208) (OPH)

North Vernon
(*Zip Code* 47265)

Calli, Louis J.....408 S. State St. (GP)
Johnson, William A.....245 Norris Ave. (GP)
Thayer, Benet W.....20 Jackson St. (GP)

Seymour
(*Zip Code* 47274)

Baxter, Harry R.....326 N. Walnut St. (GP)
Black, Joe M.....502 W. Second St. (GP)
Blaisdell, William F.....207 N. Pine St. (GP)
Bobb, Kenneth E.....410 S. Chestnut St. (GP)
Bosch, Ralph.....930 South Dr. (GP)
Day, William D. C.....410 S. Chestnut (GS)
Graessle, Harold P. (S).....304 W. Second St. (GP)
Knotts, Slater.....650 Greenway Ct. (R)
Linson, John C.....324 W. Second St. (GP)
Miller, Harold E.....303 S. Walnut St. (GP)
Templeton, Ian S.....400 N. Jackson Park Dr. (GS)
Wiethoff, Clifford A.....214 N. Walnut St. (GS)

JASPER COUNTY

Schantz, Richard.....Remington (47977) (GP)

Rensselaer
(*Zip Code* 47978)

Ahler, Kenneth J.....Box 317 (GP)
Beaver, Ernest R.....111 Thompson St. (GP)
Greenberg, H. L.....Box 295 (OO)
Greene, Robert W.....116 N. Cullen (GP)
O'Brien, Francis E. McKinley and Washington Sts. (GP)
Ockermann, Kenneth R.....119 W. Harrison St. (GP)
Williams, Paul A.....P. O. Box 317 (GP)

JAY COUNTY

Dunkirk
(*Zip Code* 47336)

Entner, Charles L.....226 S. Meridian St. (GP)
Shroyer, Herbert L.....1321 S. Main St. (GP)
Tate, Elizabeth.....317 S. Main St. (GP)

Andrews, C. Franklin.....R. R. 1, Geneva (46740) (GP)
Donnally, George.....R. R. 1, Geneva (46740) (GP)
Rosser, Rudolph
1 Wiltshire Rd., Muncie (47304) (PATH)
Spahr, Donald E.....6142 Midnight Pass Rd.
Sarasota, Fla. (33581) (ANES)

Portland
(*Zip Code* 47371)

Cripe, William H.....302 N. Meridian St. (GP)
Fitzpatrick, James S.....603 W. Arch St. (GS)
Gillum, Eugene M.....522 W. Arch St. (GP)
Keeling, Forrest E. (S).....504 W. Arch St. (PD)
Lopez, Alfonso.....16 Weiler Bldg. (GP)
Nasr, Amin T.....Jay Co. Hosp. (PATH)
Schenck, Ralph E.....603 W. Arch St. (GS)
Steffy, Ralph M.....504 W. Arch St. (GP)
Vormohr, Joseph F.....604 W. Arch St. (GP)

JEFFERSON-SWITZERLAND COUNTIES

Madison
(*Zip Code* 47250)

Alcorn, Merritt O.....R. R. 2 (PATH)
Bascom, Karleen A.....Madison State Hospital (P)
Burcham, James B.....Madison State Hospital (GP)
Childs, Wallace E.....112 Presbyterian Ave. (R)
Fong, Theodore C. C.....316 Bellaire Dr. (P)
Ginsherman, A. B.....Madison St. Hosp. (OO)
Graves, Noel S.....Madison Clinic (GP)
Hare, Francis W., Jr.....722 W. Main St. (IM)
Harnden, Hurlbut L.....426 E. Main St. (GS)
Harris, George F.....Hilltop Med. Ctr. (GP)
Heaton, Elton.....King's Daughters' Hospital (PATH)
Jackson, Howard C.....104 E. Third St. (GP)
Johnson, Robert D.....722 W. Main St. (GP)
Love, John W.....Madison State Hospital (P)
McAtee, Ott B.....Madison State Hospital (P)
Modisett, Jackson W.....722 W. Main St. (GP)
Modisett, Marcella S.....722 W. Main St. (GP)
Petway, Allen P.....Jefferson Proving Ground (GP)
Pratt, Ralph M., Jr.....2325 Blackmore Pl. (Resident)
Ridlon, Albert.....Madison State Hospital (P)
Riley, Henry S.....722 W. Main St. (OBG)
Rogers, Donald B.....Madison State Hospital (P)
Rucker, Warren R.....Fairmont Dr. (GP)
Shuck, William A.....414 N. Mulberry St. (GS)
Sloan, W. Keith.....426 E. Main St. (GS)
Turner, Anna Goss (S).....Box 313 (ANES)
Zink, Robert O.....722 W. Main St. (GP)

Valenzuela, Diego C.....305 E. Main St., Vevay (47043) (GP)
Haney, William K.
6903 Narrow Creek Ct. Prospect, Ky. 40059 (P)

JOHNSON COUNTY

Deogracias, Francisco D.
R. R. 1, Edinburg (46124) (GP)
Topacio, Conrado S.
P. O. Box 127, Edinburg (46124) (GP)

Franklin
(*Zip Code* 46131)

Andrews, Hugh K.....1035 W. Jefferson St. (GP)
Bullers, Robert C.....395 S. Home Ave. (GS)
Bullington, Geo. E.....1230 E. King St. (GP)
Chappel, Alfred T.....100 N. Main St. (GP)
Chiu, F. Luke.....176 E. Jefferson (OO)
Deppe, Charles F.....301 E. Jefferson St. (ANES)
Ferrara, Joseph F.....Box 6 (GS)
Foster, Robert H. K.....301 E. Jefferson St. (GP)
Gilliland, John E.....176 E. Jefferson St. (OBG)
Hibbs, William G. (S).....Masonic Home (IM)
Jones, Charles A.....1010 E. Adams (ANES)
Mock, Harry E., Jr.....901 N. Main St. (GS)
Nalley, James.....1035 W. Jefferson St. (OO)
Palmer, Harley P...Johnson County Mem. Hosp. (PATH)
Province, William D.....100 N. Main St. (IM)
Records, Arthur W. (S).....216 Jefferson St. (GP)
Records, John M.....216 Jefferson St. (GP)
Reynolds, Paul.....1035 W. Jefferson St. (GP)
Ritteman, George W....Johnson Co. Memorial Hosp. (R)
Roller, Mac C.....1551 N. Main St. (GP)
Walters, Jack L.....1551 N. Main St. (GP)
Waymire, William M.....101 N. Walnut St. (R)
Wesemann, Merrill M.....251 E. Jefferson St. (GP)

Greenwood
(*Zip Code* 46142)

Barnes, Helen Beall.....R. R. 4 (PD)
Brown, George E.....374 S. Madison Ave. (GP)
Link, Charles W., Jr.....365 E. Main St. (GP)
Machledt, John H.....243 S. Madison Ave. (GP)
Ogle, Robert W.....360 S. Madison Ave. (GP)
Sheek, Kenneth I.....360 S. Madison Ave. (GP)
Tiley, George A.....41 N. Madison Ave. (GP)
Young, Joseph W.....365 E. Main St. (GP)
Stogsdill, Willis W.....2242 Rome Dr. Indpls. (46208) (ANES)

KNOX COUNTY

Byrne, Robert J..207 N. Main St., Bicknell (47512) (GP)
Springstun, George H. (S).....Oaktown (47561) (GP)
Moore, Robt. Gardner (S).....R. F. D. 1, Bicknell (47512) (GP)

Vincennes
(*Zip Code* 47591)

Anderson, John B.....333 Security Bank Bldg. (GS)
Arbogast, Paul B.....915 Main St. (GS)
Barrett, Thomas L.....307 S. Fifth St. (PD)
Bartlett, Donald T.....307 S. Fifth St. (OBG)
Beckes, Ellsworth W. (S).....220 N. Fifth St. (GP)
Black, Boyd K.....Good Samaritan Hospital (PATH)
Cantwell, Edgar R.....202 Broadway St. (OPH)
Chattin, Herbert O.....729 Main St. (GP)
Coffel, Melvin H.....214 Buntin St. (OTO)
Combs, Daniel J.....1325 McDowell Rd. (IM)
Curtner, Myron L. (S).....222 N. Sixth St. (GS)
Dayson, Louie O.....218 Security Bank Bldg. (IM)
Ewing, Nathaniel D.....P.O. Box 703 (GS)
Floyd, Malcolm S.....Good Samaritan Hospital (R)
Haswell, John.....607 Dubois St. (OBG)
Hendrix, Charles E.....Box 708 (IM)
Humphreys, Joe E.....1516 N. Second St. (GP)
Jacqmain, Ralph J.....621 S. Seventh St. (GP)
Lopez, Efrem R.....301 American Bank Bldg. (OO)
McDowell, Mordecai M.....1322 Audubon Rd. (IM)
McMahan, Virgil C.....609 Dubois St. (GP)
Miller, Charles L.....301 American Bank Bldg. (ANES)
Murray, John S.....317 Security Bank Bldg. (IM)
Nichols, Robert J.....P.O. Box 907 (R)
Parmenter, Harry B..301 American Bank Bldg. (ANES)
Shaffer, Kenneth L.....302 Main St. (OTO)
Shanklin, Jack L.....702 Vigo St. (GP)
Smith, Ralph O.....Box 708 (IM)
Spencer, Frederic.....902 Perry St. (OBG)
Stein, Richard H.....301 American Bank Bldg. (ANES)
Stewart, J. Frank W.....Hillcrest Hospital (PUD)
Vaughn, Walter R.....615 Dubois St. (U)
Welch, Norbert M.....615 Dubois St. (U)
von der Lieth, William C.....Box 703 (GS)

Noveroske, Richard John.....3901 Lincoln, Evansville (47715) (R)

KOSCIUSKO COUNTY

Wilson, Wymond B.....Mentone (46539) (GP)

Warsaw
(*Zip Code* 46580)

Arford, John E.....827 S. Union St. (GP)
Baum, John R. (S).....212 S. Indiana (GS)
DuBois, Charles C. (S).....800 E. Center St. (GP)
Fiscus, Clifford W.....827 S. Union St. (GP)
Gangi, Nasfar.....Murphy Med. Center (OO)
Hashemi, Hossein.....602 S. Buffalo (GS)
Haymond, George.....600 E. Winona Ave. (GS)
Keough, Thomas F.....600 E. Winona Ave. (IM)
Moser, Arthur L.....600 E. Winona Ave. (GP)
Parke, William C.....600 E. Winona Ave. (OBG)
Pullman, George R.....Murphy Medical Center (R)
Snider, Roland.....604 E. Winona Ave. (GP)
Solymos, Maria.....422 S. Buffalo (P)

LAGRANGE COUNTY

Mattox, Dean L.....Howe (46746) (GP)
Taylor, M. Reed, Jr.....Howe (46746) (GP)
Willard, Richard D.....Box 217 (GP)
Yunker, Philip E.....Howe (46746) (GP)

LaGrange
(*Zip Code* 46761)

Flannigan, Harley F.....213 W. Lafayette (GP)
Hamer, John.....300 N. Townline Rd. (PD)
Mellinger, Michael O.....300 Townline Rd. (GP)
Studebaker, Lloyd R.....300 N. Townline Rd. (GP)

Martin, Allen S.....Shipshewana (46565) (GP)
Colligan, Francis X.....Topeka (46571) (GP)
Lehman, Kenneth M.....Topeka (46571) (GP)

LAKE COUNTY

Cedar Lake

(*Zip Code* 46303)

Babcoke, Gary A.....R. R. 2, Box 337 (GP)
King, Robert W.....R. R. 1, Box 6 (GP)
Miller, Donald C.....R. R. 2, Box 337 (GP)
Misch, William.....R. R. 2, Box 337 (GP)
Steward, Paul W.....R. R. 2, Box 337 (GP)

Lopez, Filemon P...2167 Gettler St., Dyer (46311) (GP)

Crown Point

(*Zip Code* 46307)

Beckman, Arthur.....12110 Grant St. (GP)
Birdzell, John P.....124 N. Main St. (GP)
Carpenter, Bennie F.....123 N. Court St. (GP)
Carroll, Mary E.....124 N. Main St. (GP)
Gutierrez, Peter E.....12110 Grant St. (GP)
Horst, William N.....123 N. Court St. (GP)
Russo, Andrew E.....12110 Grant St. (GP)
Steele, Everett B.....318 S. East St. (GP)

East Chicago

(*Zip Code* 46312)

Barron, Elmer A.....3414 Michigan Ave. (GP)
Benchik, Frank A.....4712 Magoun Ave. (GP)
Beruben, Miguel F.....3717 Main St. (GP)
Boys, Fay F.....4712 Magoun Ave. (GS)
Broomes, Edward L. C.....2402 Broadway (GP)
Bryant, Edward G.....2220 Broadway (GP)
Campagna, Ettor A.....3406 Guthrie St. (GP)
Dainko, Alfred J.....915 W. Chicago Ave. (GS)
Dizon, Gualberto R., Jr.....3406 Guthrie St. (GP)
Downs, Kenneth R.....3210 Watling St. (OM)
Dumanian, Ara V.....1820 E. Columbus Dr. (CD)
Dunning, Preston M.....3210 Watling (OM)
Feinberg, Irwin.....1802 E. Columbus Dr. (ORS)
Fleischer, Jacob C.....4035 Elm St. (OM)
Frahm, Charles.....1820 E. Columbus Dr. (IM)
Giragos, Henry G.....1820 E. Columbus Dr. (TS)
Given, Gilbert Z.....3926 Main St. (PD)
Greenberg, Burton H.....4321 Fir St. (CD)
Grosso, William G.....1919 E. Columbus Dr. (GP)
Hammer, Michael.....4035 Elm St. (OBG)
Harper, James W.....2303 Calumet Dr. (GP)
Hayes, Jesse D.....4804 Alexander (GP)
Hernandez, I. C.....1802 Columbus Dr. (GP)
Hooker, Rex R.....3210 Walting (OM)
Jacobo, Miguel J.....1419 Carroll St. (GP)
Kopanko, Bernard F.....915 W. Chicago Ave. (GS)
Lona, Marco A.....3619 Main St. (OO)
Mangahas, Violeta R.....4321 Fir St. (ANES)
Marks, Ora L.....815 W. Chicago Ave. (OBG)
Martirez, Napoleon A.....4710 Indianapolis Blvd. (TS)
Milan, Shijachki D.....622 W. Chicago Ave. (GP)
Min, David.....815 W. Chicago Ave. (OBG)
Nicosia, John B.....1802 E. Columbus Dr. (GS)
Noe, Joseph T.....Inland Steel Co. (GPM)
Payne, Arthur C. (S).....2020 Broadway (GP)
Reitman, Paul H.....4321 Fir St. (R)
Romero, Plinio.....3807 Main St. (GP)
Santschi, Don R.....4321 Fir St. (IM)
Serna, Carlos A.....1802 E. Columbus Dr. (IM)
Shulruff, Harry I.....3701 Main St. (OTO)
Teegarden, Joseph A., Jr...1919 E. Columbus Dr. (GP)
Teplinsky, Louis L.....1739 N. Arbagast (ANES)
Wang, Tieh C.....1327 Ridgeway (PATH)
Zivich, John M.....3701 Main St. (GP)

Gary

(*Zip Code* 464 *plus zone number*).

Abramson, Allan L.....3290 Grant St. (08) (GP)
Agana, Adriano A.....5000 W. Ridge Rd. (08) (GP)
Alfano, Paul A.....2717 Wabash (04) (GS)
Ambrozaitis, Kazys.....1600 W. Sixth Ave. (02) (R)
Balter, Eugene.....1600 W. Sixth Ave. (02) (R)
Barton, Reginald R.....427 S. Lake (03) (GP)
Bergal, Milton B.....504 Broadway (02) (GP)
Bernard, Marvin R.....4431 Broadway (09) (NS)
Bills, R. James.....504 Broadway (02) (GS)
Bills, Robert N. (S).....504 Broadway (02) (GS)
Boone, Clarence W.....2200 Grant St. (04) (OBG)
Bornstein, Herschel.....3233 Broadway (09) (GP)
Brandman, Harry.....504 Broadway (02) (P)
Brown, Leo R.....3290 Grant St. (08) (GP)
Burton, Robt. L.....215 Broadway (IM)
Cabrera, Pelayo B...St. Mary Mercy Hosp. (02) (PATH)
Carey, J. Albert.....2964 W. 11th Ave. (04) (GP)
Carmody, Raymond F.....5284 Broadway (08) (OTO)
Choslovsky, Sydney.....Methodist Hosp. (02) (R)
Chube, David D.....1649 Broadway (07) (GP)
Cooper, Leo K.....504 Broadway (02) (ORS)
Custodio, Alexander O.....Methodist Hosp. (PATH)
Daniel, Robert A.....738 Broadway (02) (PD)
Darling, Dorothy R.....807 Fayette (03) (ANES)
Davidson, Charles O.....2200 Grant (04) (OBG)
De Bois, Elon.....2200 Grant St. (04) (GP)
Deschamps, Domenico J.....3290 Grant St. (08) (OO)
Dierolf, Edward J.....504 Broadway (02) (GP)
Disney, Charles T.....504 Broadway (02) (GPM)
Donchess, Joseph C.....578 Broadway (02) (ORS)
Doneff, Ronald H.....5490 Broadway Plaza (08) (D)
Doumanian, Heratch O.....540 Tyler St. (02) (R)
Duncan, John S. (S).....2165 W. 11th Ave. (04) (GP)
English, Hubert M. (S).....673 Broadway (02) (GP)
Espy, Theodore R.....1901 Broadway (07) (GP)
Fisher, Forrest.....215 Broadway (OM)
Gilles, Pierre.....2200 Grant St. (04) (OTO)
Goldberg, Harold B.....3656 Grant (08) (GP)
Golding, Robert F.....P.O. Box 727 (02) (ANES)
Goldstone, Adolph.....3229 Broadway (09) (GP)
Goldstone, Arthur.....4676 Jefferson Pl. (08) (GP)
Goldstone, Joseph (S).....3229 Broadway (09) (GP)
Goldstone, Robert J.....3229 Broadway (09) (OBG)
Goldstone, Sidney R.....535 W. 35th Ave. (08) (GP)
Goodwin, Thomas..3820 Central, East Gary (05) (GP)
Grant, Benjamin F.....1706 Broadway (07) (GP)
Gregoline, Amadeo F.....700 Arthur (04) (GP)
Gregoline, Eugene.....4655 Broadway (09) (OBG)
Haith, John W.....1960 W. 11th St. (04) (GS)
Han, Daniel.....12317 Kingfisher Rd. (02) (PATH)
Hedrick, James T.....2200 Grant St. (04) (GP)
Hoit, Leonard.....504 Broadway (02) (D)
Holliday, Alfonso.....2200 Grant St. (04) (GS)
Johnson, Arnold L.....2200 Grant St. (04) (OBG)
Johnson, Lonnie B. (S).....123 W. 21st St. (07) (GP)
Kamen, Jack M.....540 Tyler St. (02) (ANES)
King, John Thomas.....4655 Broadway (09) (OBG)
Klaus, Julius M.....24 Deerpath (09) (P)
Kobrin, Meyer W.....3229 Broadway (09) (GP)
Kolettis, John G.....6111 Harrison St. (08) (GP)
Kopcha, Joseph E.....504 Broadway (02) (OBG)
Korn, Jerome M.....3290 Grant St. (08) (GP)
Lebioda, Henry S.....230 Morningside (08) (GP)
Lewis, Lucien A.....2200 Grant St. (04) (PD)
Lipschutz, Harold.....3290 Grant (08) (R)
Lipsey, Alfred J.....3290 Grant (08) (R)
Loh, Hwei-Ya (Chang)
252 Morningside Ave. (08) (PATH)
Loh, Wei-Ping.....1600 W. Sixth Ave. (02) (PATH)
Lopez, Santiago A.....4655 Broadway (09) (OBG)
Lorenty, Thaddeus B.....504 Broadway (02) (GP)
Lovell, Martin H. (S).....124 W. 25th Ave. (02) (GP)
Lutz, Georgianna (S).....504 Broadway (02) (GP)
Lytwakiwsky, Anatol.....6101 Miller Ave. (03) (PMH)
McDonald, Walter E.....2200 Grant St. (04) (GS)
Madrilejo, Nora G.....P.O. Box 9007 (01) (ANES)

Manalo, Francisco S.....538 Lincoln (02) (ANES)
Marcus, Morris C. (S).....3229 Broadway (09) (OTO)
Martino, Robert S.....5587 Broadway (09) (ORS)
Mason, Earl.....540 Tyler St. (02) (PATH)
Mather, J. Winford (S)
2250 Ripley St., East Gary (05) (GP)
Milius, Elena.....1600 W. Sixth Ave. (02) (R)
Milos, Robert J.....504 Broadway (02) (TS)
Minczewski, Richard C.
5490 Broadway Plaza (08) (GP)
Mitchell, Georgia B.....1706 Broadway (07) (GP)
Molengraft, Cornelius J.....504 Broadway (02) (OBG)
Moore, Edwin G.....26 E. 15th Ave. (07) (GP)
Nazon, Yvon J.....1649 Broadway (07) (OBG)
Nelson, Walfred A.....559 S. Lake St. (03) (GP)
Nowlin, William F.....570 McKinley (04) (GS)
Oberlander, Seymour.....3290 Grant St. (08) (IM)
Olivo, Marciano T.....1600 W. Sixth Ave. (02) (ANES)
Pappas, Eddie T.....569 Pierce St. (04) (GP)
Parratt, Louis W.....708 Broadway (02) (GP)
Penn, Robert A.
3820 Central Ave., East Gary (05) (GP)
Pettis, Arthur G.....Methodist Hosp. (02) (ANES)
Phillips, Donald M.....5370 Connecticut (09) (GP)
Platis, James M.....504 Broadway (02) (PS)
Rankin, Francis E.....1901 Broadway (OO)
Robinson, Walter K.....500 N. Montgomery (03) (GS)
Rosenbloom, Philip J. (S)....571 Lincoln St. (02) (PH)
Ross, David E., Jr.....633 E. 21st Ave. (07) (GP)
Roth, Leo.....3229 Broadway (09) (ORS)
Roth, Melvin I.....3229 Broadway (09) (GP)
Rubin, Simon S.....504 Broadway (02) (A)
Ryan, Hubert J. (S)....5490 Broadway Plaza (08) (PD)
Saavedra, Bernardo.....5800 Broadway (09) (NS)
Sala, Joseph J.....2705 Wabash (04) (GS)
Sala, Walter R.....2705 Wabash (04) (GP)
Schulz, Kurt J.....4645 Broadway (09) (OPH)
Semerdjian, Aram.....540 Tyler St. (R)
Shapiro, Joseph.....386 Mount St. (06) (GP)
Spellman, Frank W.....401 S. Lake (03) (GP)
Spivack, Mary (S).....15731 Enadia Way (02) (OBG)
Stern, Mona K.....7535 E. Harold St. (03) (GP)
Thomas, Daniel D.....3290 Grant St. (08) (GP)
Thomas, Gerald J.....3290 Grant St. (08) (GS)
Valencia, Monico
2606 Central Ave., East Gary (05) (GP)
Valenzuela, Roberto D.....765 Broadway (02) (PUD)
Valenzuela, Sofia S.....765 Broadway (02) (PD)
Volan, George J.....2717 Wabash Ave. (04) (GS)
Voorhies, McKinley...1940 Massachusetts St. (07) (GP)
Waiss, Elaine H.....600 Grant St. (OO)
Weiskopf, Henry S.....504 Broadway (02) (OPH)
Wharton, Russell O. (S)....6559 Ash Place (03) (OO)
Wigutow, Marcus.....535 W. 35th St. (02) (P)
Williams, Alexander S.....436 W. 25th Ave. (07) (GP)
Williams, Carl N.....1902 W. 11th Ave. (04) (GP)
Williams, Edwin D.....436 W. 25th St. (07) (GP)
Williams, Fred Robt.....1119 Grant Ave. (GS)
Wolf, Robert A.....535 W. 35th Ave. (08) (GP)
Yocum, Paul S., Jr.....504 Broadway (02) (OPH)
Yocum, William S.....3656 Grant St. (02) (GP)
Young, George M.....3656 Grant St. (08) (GP)
Young, Robert L.....504 Broadway (02) (OPH)
Zucker, Edward.....504 Broadway (02) (PS)

Griffith

(*Zip Code* 46319)

Cespedes, Carlos A.....401 N. Broad St. (GP)
Lundeberg, Ralph A.....1212 N. Broad St. (GP)
Modjeski, Joseph R.....1707 N. Arbogast, Apt. 1F (GP)
Purcell, Richard J.....433 N. Glenwood Dr. (GP)
Siekierski, Joseph M.....145 N. Griffith (GP)

Hammond

(*Zip Code* 463 *plus zone number*).

Aaron, Michael B.....7127 Indianapolis Blvd. (OO)
Balaguer, Carmen V.....20 Kenwood St. (24) (ANES)
Bethea, Dennis A. (S).....1021 Field St. (20) (GP)
Brennan, Bess B.....1930 Fisher Pl. (23) (D)
Cotter, Edward R.....2415 169th St. (24) (GP)
Dizon, Belen R.....St. Margaret Hosp. (20) (ANES)
Eggers, Ernest L. (S).....635 165th St. (24) (GP)
Egnatz, Nicholas.....30 Douglas Ave. (24) (GS)
Farinas, Cirilo.....25 Douglas St. (20) (PATH)
Ferry, John L.....2450 169th St. (23) (IM)
Fischer, Burnell.....49 Indi-Illi Park (24) (ANES)
Friedman, Isadore E. 7217 Indianapolis Blvd. (24) (OTO)
Gevirtz, Milton B.....7142 Hohman (24) (GP)
Jones, Eli S. (S).....50 Kenwood St. (24) (GS)
Kaufman, Alan J.....30 Douglas St. (20) (NS)
Keskin, Ibrahim.....5217 Hohman Ave. (20) (ANES)
Kolanko, Leon A.....30 Douglas St. (20) (GP)
Koransky, David S.....6850 Hohman Ave. (24) (OPH)
Krifcher, Chas.....3325 Craig Dr. (23) (PATH)
Kuhn, Hedwig S.....7142 Hohman (24) (OPH)
LaFollette, Forrest R.....2450 169th St. (23) (GP)
Levin, Harvey J.....2450 169th St. (23) (GS)
McVey, Clarence A. (S)
5231 Hohman Ave. (20) (GP)
Madarang, Napoleon.....2450 169th St. (23) (GP)
Mangahas, Jovencio P...6920 Barrie Lynn Rd. (23) (GP)
Manley, Floyd.....6010 Columbia Ave. (20) (GP)
Marks, Salvo P.....6860 Hohman Ave. (24) (OPH)
Marquinez, Adoracion A.5217 Hohman Ave. (20) (ANES)
Mason, Richard L.....132 Rimbach St. (20) (R)
Medina, Herbert M.....2450 169th St. (23) (GP)
Montes, Herminio Y....7915 Hohman Ave. (20) (ANES)
Nunez, Gilbert T.....8332 Kennedy Ave. (23) (GP)
Palmer, Barron M. F.....6134 Columbia (20) (GP)
Peck, Edward A.....430 Conkey St. (24) (GP)
Peiffer, Geraldine M.St. Margaret Hospital (20) (ANES)
Pilot, Jean.....5231 Hohman Ave. (20) (PATH)
Polite, Nicholas L.....837 119th St. (24) (OBG)
Premuda, Franklin F.....7042 Woodmar Ave. (23) (PD)
Ramker, Daniel T.....7040 Kennedy Ave. (23) (GP)
Reed, Ronald R.....2450 169th St. (23) (IM)
Rhind, Alexander W. (S)...7126 Forrest Ave. (24) (GP)
Rosenthal, Carl.....25 Douglas St. (20) (R)
Rosevear, Henry Jos.....110 Ridge Rd. (21) (GS)
Sabo, Wm. J.....429 Conkey St. (24) (ORS)
Schwartz, Mary M.....7315 Forest Ave. (24) (ANES)
Solis, Roger V.....430 Conkey St. (24) (OBG)
Stasick, Murray.....7330 Indianapolis Blvd. (24) (GP)
Steen, Lowell H.....2450 169th St. (23) (IM)
Stern, Samuel L.....5231 Hohman Ave. (20) (IM)
Tanrikulu, Oran.....2450 169th St. (23) (PD)
Tilka, Edward C.....7134 Calumet Ave. (24) (GP)
Troy, Jack M.....2450 169th St. (23) (PD)
Tyrrell, Thomas C.....800 State Line St. (20) (GS)
White, Gilbert H., Jr.....6429 Kennedy Ave. (23) (GP)
Willardo, Albert T.....30 Douglas St. (20) (GP)
Wong, Samuel N.....30 Douglas St. (20) (GS)
Zallen, Stanley G.....6933 Kennedy Ave. (23) (GP)

Highland

(*Zip Code* 46322)

Angel, Virgil E.....2933 Jewett (GP)
Eugenides, Tatiana.....8136 Kennedy (PD)
Florcruz, Arturo R.....3605 43rd St. (GP)
Gonzales, Sesinando A.....2513 Highway Ave. (OBG)
Lutz, Andreas L.....8136 Kennedy Ave. (OBG)
Rosales, Marina N.....8127 Kennedy Ave. (PD)
Sroka, Stanley J.....2942 Highway Ave. (GP)
Trepagnier, Francis B.....8123 Kennedy Ave. (OTO)
Urbanski, Walter P.....2513 Highway Ave. (OBG)

Vergara, Abelardo F.....642 N. Lucerne
Los Angeles, Calif. 90004 (OO)

Hobart

(*Zip Code* 46342)

Carter, John O.....295 S. Wisconsin (GP)
Kellar, Philip E.....904 W. Ridge Rd. (GP)
Krsek, Archie J.....10 N. Michigan Ave. (GP)
Markle, Joseph G.....703 N. Hobart Rd. (GP)
Parker, Harry C. (S).....831 Garfield St. (OTO)
Pike, Warren H.....108 E. Third St. (GP)

Reed, John J.....10 N. Michigan Ave. (IM)
Stookey, Richard D.....295 S. Wisconsin (GP)
Wylie, Robert R.....904 W. Ridge Rd. (GP)

Lowell

(*Zip Code* 46356)

Smith, Robert D.....1218 Hilltop Ct. (GP)
Templin, David B.....308 E. Commercial (GP)

Merrillville

(*Zip Code* 46410)

Alvarez, Paul.....7745 Carolina Pl. (GP)
Amico, Pasquale J.....6111 Harrison St.(PUD)
Bichalho, Jose F.....6111 Harrison St. (OO)
Brinko, John.....6111 Harrison St. (U)
Carberry, Geo. A.....6111 Harrison St. (OBG)
Carbone, Jos. A.....6111 Harrison St. (PD)
Chip, Jerold N.....6111 Harrison St. (IM)
DeMelo, Luiz P.....6111 Harrison St. (ORS)
Doherty, Raymond J.....47 W. 68th Place (GP)
DuSold, Donald D.....10406 Jennings Pl. (P)
Fadul, Armand.....47 W. 68th Pl. (IM)
Gehring, Thomas A.....6111 Harrison St. (GP)
Glover, Wm. J.....6111 Harrison St. (GS)
Hadey, James H.....6111 Harrison St. (OBG)
Jahns, A. A.....7863 Broadway (ORS)
Kmak, Chester J.....6111 Harrison St. (OBG)
Kolbas, Eugene.....6111 Harrison St. (OBG)
Kolettis, John G.....6111 Harrison (GP)
Mayorga, Alfredo.....5490 Broadway (GP)
Mirich, Ernest C.....960 W. 66th Ave. (IM)
Mirro, John A.....6111 Harrison St. (GP)
Monroe, F. Bruce.....P.O. Box 8166 (GS)
Olson, L. Dale.....7853 Broadway (ORS)
Ornelas, Joseph P.....6111 Harrison St. (GP)
Pierson, Howard.....6111 Harrison St. (GP)
Pruitt, Jacob E.....6111 Harrison St. (GP)
Radigan, Leo R.....6111 Harrison St. (TS)
Reynolds, James S.....6111 Harrison St. (U)
Richter, Samuel.....6111 Harrison St. (U)
Roig, Jose H.....6111 Harrison St. (OPH)
Scully, John T.....6111 Harrison St. (IM)
Shapiro, Seymour W.....6111 Harrison St. (GS)
Slama, Geo. F.....6111 Harrison St. (GP)
Slama, John T.....6111 Harrison St. (GP)
Turgi, Robert W.....6111 Harrison St. (OTO)
Wilson, Norman J...600 Grant St., Methodist Hosp. (TS)
Yast, Charles J.....6111 Harrison St. (OTO)

Munster

(*Zip Code* 46321)

Adler, Fred.....509 Ridge Rd. (IM)
Ahn, Kyung J.....1328 Fischer (GS)
Allegretti, Michael L.....6237 Forest Ave. (GP)
Angulo, Edilberto D.....110 Ridge Rd. (PD)
Arbeiter, Herbert I.....7550 Hohman Ave. (PD)
Arrowsmith, James L.....8138 Forrest Ave. (U)
Auburn, Richard P.....7905 Calumet Ave. (GS)
Beconovich, Robert.....7905 Calumet Ave. (GP)
Bleza, Maximo.....7905 Calumet Ave. (GP)
Bombar, Leslie E.....7905 Calumet Ave. (GP)
Branco, Arthur M.....7905 Calumet Ave. (GS)
Brenner, Howard B.....7905 Calumet Ave. (OBG)
Broderdsen, James D.....7905 Calumet Ave. (OPH)
Chael, Thomas C.....7905 Calumet Ave. (GP)
Church, Robert A.....110 Ridge Rd. (GP)
Costello, Albert J.....110 Ridge Rd. (OBG)
de la Cotera, Frederick G.....7905 Calumet Ave. (U)
DePorter, Louis A.....7905 Calumet Ave. (GP)
Dragomer, Andrei S.....1230 Fran-Lin Pkwy (GP)
Eggers, Henry W.....110 Ridge Rd. (OBG)
Espino, Jose C.....8144 Calumet Ave. (GS)
Estacio, Romeo Y.....7905 Calumet Ave. (GP)
Feldner, Ronald P.....110 Ridge Rd. (GP)
Fetrow, Kenneth O.....7905 Calumet Ave. (ORS)
Fitzpatrick, William J.....110 Ridge Rd. (GS)
Fox, Jack M.....7550 Hohman Ave. (D)
Frieske, David A.....7905 Calumet Ave. (P)
Galante, Albert.....110 Ridge Rd. (OBG)
Galante, Gloria.....110 Ridge Rd.(P)
Goldenberg, Mitchell E.....7550 Hohman Ave. (PS)
Gomez, Cesar M.....9429 Northcote Ave. (GS)
Gordon, Mark.....7905 Calumet Ave. (D)
Gorelik, Marcos.....110 Ridge Rd. (PD)
Grabow, Emil F.....7905 Calumet Ave. (OPH)
Grayson, Fred E.....513 Ridge Rd. (U)
Gross, Joseph O.....7905 Calumet Ave. (PD)
Halum, Ramon G., Jr.....7905 Calumet Ave. (U)
Hammond, Stanley.....7905 Calumet Ave. (P)
Harvey, David M.....429 Conkey St. (ORS)
Hehemann, William V.....7905 Calumet Ave. (GP)
Helms, Charles E.....110 Ridge Rd. (GS)
Hieber, Frank R.....7905 Calumet Ave. (IM)
Hirsch, Melvin L.....1111 MacArthur Blvd. (IM)
Howard, Wm. Harry (S).....8417 Parkview (OBG)
Husted, Robert G.....7248 Forest Ave. (GP)
Indovina, Vincent A.....7905 Calumet Ave. (R)
Kelly, George G.....7905 Calumet Ave. (GS)
Kenney, Francis D.....110 Ridge Rd. (GS)
Kitt, Walter.....7550 Hohman Ave. (P)
Kott, Alexander.....7550 Hohman Ave. (R)
Kuhn, Arthur J.....7905 Calumet Ave. (OTO)
Lanman, John U.....8146 Calumet Ave. (IM)
Larrabee, James F.....7905 Calumet Ave. (R)
Lautz, Herbert A.....7905 Calumet Ave. (OTO)
Long, Keith J.....1327 Ridgeway (GP)
Madlang, Rodolfo M.....513 Ridge Rd. (U)
Madrilejo, Roberto B.....2308 Purdue Dr. (OM)
Mansueto, Mario D.....509 Ridge Rd. (OTO)
Maroc, James A.....110 Ridge Rd. (GP)
Marshall, Wilbur J.....7905 Calumet Ave. (OBG)
Mason, John C.....7905 Calumet Ave. (GP)
Medina, Angelina V.....8217 Madison Ave. (GP)
Mintz, Alfred M.....7550 Hohman Ave. (ORS)
Morris, William H.....7905 Calumet Ave. (PD)
Navarre, Vincent J.....509 Ridge Rd. (IM)
Neal, Leonard W.....7301 Forest Ave. (GP)
Pamintuan, Florino G.....7905 Calumet Ave. (IM)
Paul, Eudell G.....7550 Hohman Ave. (GS)
Polydefkis, Dimitri.....509 Ridge Rd. (P)
Portney, Fred R.....7905 Calumet Ave. (U)
Rasch, George C., Jr.....1519 35th St. (GS)
Rawlins, Carolyn M.....7550 Hohman Ave. (OBG)
Raymundo, Luciano.....7905 Calumet Ave. (OO)
Remich, Antone C.....7905 Calumet Ave. (GS)
Rendel, Donald T.....513 Ridge Rd. (PD)
Repay, Walter A.....513 Ridge Rd. (GP)
Rosevear, Henry J.....110 Ridge Rd. (GS)
Santare, Vincent J.....513 Ridge Rd. (U)
Schlesinger, Daniel J.....6633 Forest (GS)
Schwartz, Jack.....7550 Hohman Ave. (OBG)
Serrano, Jose F.....7905 Calumet Ave. (GS)
Smith, Jerald E.....7905 Calumet Ave. (GP)
Smitley, Roger P.....110 Ridge Rd. (IM)
Stevens, Edwin W.....7905 Calumet Ave. (IM)
Strom, Jack.....1251 MacArthur Blvd. (ANES)
Tord, Jose N.....9608 Cypress Ave. (GE)
Trachtenberg, Lee.....513 Ridge Rd. (OPH)
Valderrama, Hugo.....1325 MacArthur (PATH)
Vandertoll, Donald.....509 Ridge Rd. (GS)
Walker, Adolph P.....1806 Camellia Dr. (ANES)
Westhaysen, Peter V.....7550 Hohman Ave. (NS)
Wooden, Thomas F.....8354 Parkview (ANES)

Angeles, Uldarico A...Box 910, Portage (46368) (ANES)

Egnatz, Charles D.
Rts. 41 and 30, Schererville (46375) (GP)
Shevick, Alexander
8 Garfield Ave., Valparaiso (46383) (OBG)

Whiting

(*Zip Code* 46394)

Anastasopoulos, Geo. C.....837 119th St. (OBG)
Becker, Samuel W.....2075 Indianapolis Blvd. (D)
Best, Robert C.....2075 Indianapolis Blvd. (GP)
Brennan, William C.....2075 Indianapolis Blvd. (GS)
Frankowski, Clementine E.....1706 LaPorte Ave. (GP)
Greisen, Jack C.....2075 Indianapolis Blvd. (GP)
Gustaitis, John W.....2075 Indianapolis Blvd. (GP)
Kudele, Louis T.....1321 119th St. (ANES)
Reeve, Bryce L.....2815 Indianapolis Blvd. (IM)
Rudser, Donald H.....2075 Indianapolis Blvd. (GP)
Siler, George B.....2815 Indianapolis Blvd. (OM)
Silvian, Harry A.....1010 119th St. (GP)
Sokol, Allen B.....2075 Indianapolis Blvd. (PD)
Stecy, Peter.....1902 Indianapolis Blvd. (GP)
Weinberg, Benjamin A.....1104 119th St. (GP)

Bakos, Edward R.....12200 Fairhill Rd.
Cleveland, Ohio 44210 (P)
Behn, Walter M. (S)
1327 College Ave., Wheaton, Ill. (60187) (GP)
Brand, Anna
656 Wentworth, Calumet City, Ill. (60409) (GP)
Braun, Benjamin D.....4320 Falmouth Dr.
Long Boat Key, Sarasota, Fla. (33577) (R)
Dimitroff, Lambro.....500 River Oaks Dr.,
Calumet City, Ill. (60409) (GP)
Gardiner, H. Glenn.....P. O. Box 21111,
Kennedy Space Center, Fla. (32815) (OM)
Hayes, Frank W.....48 Tac Hosp., APO,
New York 09179 (P)
Johns, David R. (S).....2080 Lopiere Rd.,
Beloit, Wis. (53511) (IM)
Khaton, Odessa M.
Michael Reese Hosp., Chicago, Ill. (60616) (CHP)
Loftman, Bert A.....2476B Mann Rd.,
Ft. Lewis, Wash. (98433) (GS)
Moleski, Walter L.....Hq. B, 6/33 Arty., 108th Group,
APO San Francisco, Calif. (96269) (Military)
Murphy, Joseph F.....18225 Burnham Ave., Lansing, Ill.
(60438) (GP)
Seyler, Anna G. (S)
2780 Hillcrest Dr., LaVerne, Calif. (91750) (OO)
Smith, Theodore J.
1819 Mid Ocean Circle, Sarasota Fla. (33580) (OO)
Speer, Thomas A.....500 W. Madison St.,
Chicago, Ill. (60606) (OM)
Theobald, Sterling.....New Tribes Institute,
Star Route, Jersey Shore, Pa. (17740) (GP)
Toussaint, Linnie F.....7758 S. Crandon
Chicago, Ill. (60617) (ANES)
Tyrrell, Joseph J.....800 State Line, Calumet City, Ill.
(60409) (GS)
Yanson, Mannfredo R. S.
P. O. Box 2024, Oxnard, Calif. (93031) (Resident)

LA PORTE COUNTY

Salsburg, Herbert E.....R. R. 1, Box 357, Hamlet
(46532) (P)
Oak, David D., Jr.....Hanna (46340) (GP)
Oak, David D., Sr. (S).....LaCrosse (46348) (GP)

La Porte

(*Zip Code* 46350)

Backer, George P.....806 Maple Ave. (R)
Backer, Mary B.....1533 Michigan Ave. (IM)
Carpentier, James R.....900 I St. (IM)
Carter, Fred S.....1200 Michigan Ave. (IM)
Datzman, Basil J.....301 Wile St. (GP)
Durham, Lowell J.....316 Pine Lake Ave. (GP)
Elshout, Clem H...403 First Nat'l. Bank Bldg. (ANES)
Erwin, W. Robert.....900 I St. (GP)
Farnsworth, Samuel A.....214 Lakeshore Dr. (GP)
Fenn, Harry S.....1013 Indiana Ave. (OTO)
Kelsey, Robert M., Jr.....1200 Michigan Ave. (GP)
Kim, Joon S.....Community Hospital (PATH)
Mead, Frank E.....901 Indiana Ave. (GP)
Moore, William G.....301 Wile St. (GS)
Mueller, Edwin C.....900 I St. (GS)
Philbrook, Seth S.....705 Harrison St. (OPH)
Predd, Adolph C.....909 Madison St. (GP)
Richter, John C.....900 I St. (GS)
Sanchez, Jose D.....903 Indiana (ANES)
Scott, John S.....806 Maple Ave. (R)
Sirugo, Aldo C.....723 Franklin St. (OTO)
Smith, John A.....301 Wile St. (GP)
Sprecher, James J. J.....900 I St. (GP)
Tabaka, Francis B.....102 Lincolnway (GS)
von Asch, George.....Osmic Pl. (GP)
Young, P. N.....304 Miller St. (GP)
Zahrt, Frank H.....Fox Village Medical Bldg. (GP)

Michigan City

(*Zip Code* 46360)

Armstrong, Thomas D.....120 W. Ninth St. (GS)
Arney, Amos.....1225 E. Coolspring Ave. (GP)
Baker, Warren (S).....427 Warren Bldg. (OPH)
Balinao, Rueben C.....P.O. Box 196 (OO)
Bankoff, Milton L.....1225 E. Coolspring Ave. (GP)
Battle, Frederick G.....3714 Franklin St. (GS)
Bergan, Joseph A.....217 W. Homer St. (GS)
Berkson, Myron E.....723 Franklin, Room 201 (P)
Bremer, Windham.....St. Anthony Hosp. (OO)
Fargher, Francis M.....907 Washington St. (GP)
Frost, Robert J.....1701 Buffalo St. (PATH)
Gardner, Melvin D.....801 Washington St. (GS)
Gardner, Russell A.....801 Washington St. (OBG)
Gilmore, Robert W.....1715 Buffalo St. (PD)
Gilmore, Russell A. (S).....1715 Buffalo St. (GP)
Given, E. H.....801 E. 11th St. (GP)
Hay, Gene R.....1225 E. Coolspring Ave. (IM)
Henderson, Norman C.....131 E. Eighth St. (OTO)
Hill, Theodore A.....1606 Lake Shore Dr. (P)
Hillenbrand, Charles.....128 W. 10th St. (P)
Hodonos, Phillip E.....1225 E. Coolspring Ave. (GP)
Jones, King S. (S).....328½ Franklin St. (GP)
Kemp, John T.....122 E. Seventh St. (GP)
Kerr, Charlotte H.....1707 Buffalo St. (OBG)
Kerr, John E.....1709 Buffalo St. (U)
Kerrigan, John F.....916 Washington St. (GS)
Kerrigan, Robert L. (S).....916 Washington St. (GP)
Kroczek, Stephen E.....1225 E. Coolspring Ave. (OPH)
Kubik, Francis J.....902 Pine St. (GS)
Liddell, Charles K.....1225 E. Coolspring Ave. (GS)
Luce, John W.....916 Washington St. (OBG)
Mannion, Rodney A.....1709 Buffalo St. (U)
Marske, Robert L.....1713 Buffalo St. (PD)
McGue, Frank J.....723 Franklin St. (P)
McInerney, Gerald T.....3714 S. Franklin St. (IM)
Meyer, Hans.....101 Superior St. (P)
Miller, Maurice.....1225 E. Coolspring Ave. (GP)
Milne, Walter S.....916 Washington St. (IM)
Mladick, Edward A.....1601 Franklin St. (ORS)
Moreira, Alvaro F.....627 Pine St. (OO)
Novak, Clarence G.....1707 Buffalo St. (GS)
O'Brien, Raymond J.....1601 Franklin St. (ORS)
Paul, Leonard G.....1225 E. Coolspring Ave. (GP)
Phillips, John H.....1511 Wabash St. (GP)
Pilecki, Peter J.....1225 E. Coolspring Ave. (GP)
Plank, C. Robert.....1511 Wabash Ave. (R)
Potter, Brian.....1225 E. Coolsprings (D)
Predd, Florian M.....1225 E. Coolsprings (GS)
Reed, Nelle C. (S).....3210 Tilden Ave. (OO)
Stark, William A.....1601 Franklin St. (ORS)
Ticsay, Bienvenido V.....801 Washington St. (U)
Walters, William H.....3714 Franklin St. (GS)
Weeks, Patrick H. (S).....305 N. Carroll Ave. (P)

Weiss, Albert E.....1225 E. Coolspring Ave. (GP)
Weninger, Donald L.....2030 Silvertip, Michigan City (ANES)
Zalac, Donald A.....P.O. Box 468 (R)

Moosey, Louis.....Union Mills (46382) (GP)
Benz, Owen F.....Wanatah (46390) (GP)

Westville

(*Zip Code* 46391)

Bosler, Howard A. (S).....Beatty Circle (GP)
Brauer, Abraham A.....P.O. Box 31 (P)
Constan, Evan.....Box 473 (P)
Dieter, William J. (S).....Box 145 (NS)
Hogle, Frank D.....Beatty Memorial Hospital (P)
Mendez, Carlos (S)....Beatty Memorial Hospital (GP)
Oster, Jack H.....1909 Beech St. (P)

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Richard P.....Citizens Nat'l. Bank Bldg. (GP)
Benham, Lawrence E....310 Stone City Bank Bldg. (GP)
Crosby, Reid C.....2900 W. 16th St. (OBG)
Dino, Florian S.....1310 W. 16th St. (GS)
Duncan, Raymond.....2900 W. 16th St. (GP)
Dusard, Joseph C...304 Citizens Nat'l Bank Bldg. (GP)
Edmonds, Kendrick.....438 Sycamore Dr. (R)
Emery, Charles B.....2325 Q St. (GP)
Fountaine, Thomas J.....1618 24th St. (GP)
Gonzales, Raul C.....2900 W. 16th St. (R)
Hammel, Howard T.....1501 J St. (GP)
Hawkins, Richard D.....Edgewood Clinic (PD)
Kasting, Gerald.....1622 24th St. (GP)
Kerr, Donald M.....2900 W. 16th St. (GP)
McPike, Joseph D.....2900 W. 16th St. (GP)
Morrow, Robert J.....1317 L St. (GP)
Mount, James L.....2900 W. 16th St. (OBG)
Noe, William R.....2900 W. 16th St. (GS)
Oswalt, James T.....2900 W. 16th St., Bedford (GP)
Reuter, John W.....U. S. Highway 50 E, R. R. 6 (OPH)
Scherschel, John P.....1711 H St. (GP)
Sorrells, George W.....2900 W. 16th St. (PD)
Waldo, Guy H.....2900 W. 16th St. (IM)
Wohlfeld, Julius B.....1222 15th St. (GP)
Woolery, Richard H.....1310 W. 16th St. (GP)

Hamilton, James R. (S)
111 S. Seventh St., Mitchell (47446) (GP)
Odulio, Benito.....121 S. 6th St., Mitchell (GS)
Odulio, Burnhilda.....121 S. 6th St., Mitchell (IM)

MADISON COUNTY

Alexandria

(*Zip Code* 46001)

Gaunt, Everett W.....214 E. John St. (GP)
Leroy, Alvin G.....1309 N. Harrison St. (GP)
Overpeck, George H. (S).....313 N. Harrison St. (GP)
Owen, Thomas F.....313 N. Harrison St. (GP)
Shafer, Richard H.....111 S. Harrison St. (GP)

Anderson

(*Zip Code* 460 *plus zone number.*)

Allen, Lawrence E...610 Citizens Bank Bldg. (16) (U)
Armington, Charles L.....Box 879 (16) (GP)
Austin, Charles E.....1415 Raible St. (11) (GP)
Baughn, William L.....1517 Winding Way (OM)
Beeler, Franklin K.....1931 Brown St. (14) (GP)
Bixler, Donald P.....1931 Brown St. (14) (OPH)
Blassaras, Crist A.....2005 Broadway (12) (GP)
Bowers, Charles R.....2009 Brown St. (14) (GS)
Bridges, Alvin L.....1302 Madison Ave. (11) (GP)
Buckles, David L.....St. John's Hospital (14) (PATH)
Bush, Edward R.....714 E. Eighth St. (12) (GP)
Campbell, Frank.....1302 Madison Ave. (11) (GP)
Caudill, Rodney C.....227 W. 11th St. (16) (P)
Denny, Melvin H...1207 Van Buskirk Rd. (11) (ANES)
Dixon, Rex W.....P.O. Box 1907 (11) (GP)
Doenges, James L.....1931 Brown St. (14) (GS)
Donaldson, Frank C.....1931 Brown St. (14) (OBG)
Drake, James R.....2304 Meridian St. (14) (GP)
Drake, John C.....604 Anderson Bank Bldg. (16) (GS)
Drennen, Robert V....1230 E. Chesterfield Dr. (12) (IM)
Dulin, Basil B.....St. John's Hospital (14) (R)
Elsten, Aubrey W.....1307 Park Rd. (11) (GP)
Faust, Howard M., Jr.
1508 N. Madison Ave. (12) (GP)
Fischer, Warren E.....St. John's Hospital (14) (R)
Gahimer, Joe E.....215 W. 19th St. (14) (IM)
Gholz, Lawrence M.....Delco Remy Div. (11) (OM)
Hensler, Benton M.....1415 Raible (11) (GP)
Jarrett, Paul E.....1415 Raible (11) (OBG)
Jones, A. T.....3316 Cherry Rd. (11) (GP)
Jones, David G.....1504 N. Madison Ave. (12) (GP)
Kelly, Wendell C.....714 E. Eighth St. (12) (GP)
Kepner, Robert S.....927 W. 5th St. (11) (GP)
King, Charles R.....1415 Raible St. (11) (GP)
Kopp, William R.....333 Jackson St. (12) (GS)
Lamey, Paul T.....Box 697 (16) (GS)
Land, Richard N.....2009 Brown St. (14) (R)
Larmore, Joseph L. 612 Anderson Bank Bldg. (16) (OTO)
Long, Paul L.....405 Anderson Bank Bldg. (16) (GP)
McDonald, Virgil G (S)..1019 Delaware St. (16) (OO)
Meister, Doris (S).....315 W. Ninth St. (16) (GP)
Moneyhun, James E.....2009 Brown St. (14) (GP)
Morris, Robert A.....1309 Park Rd. (11) (PD)
Neale, Alfred E.....1931 Brown St. (14) (OBG)
Nesbit, Leonard L. (S).....60 River Forest (16) (OTO)
Patterson, William K.....8 S. Park Dr. (11) (ANES)
Polhemus, Warren C.....1803 Pearl St. (16) (GP)
Price, Ambrose M...621 Citizens Bank Bldg. (16) (GP)
Reed, Roger R.....60 Van Buskirk Rd. (11) (GS)
Rosenbaum, Lloyd E.
647 Citizens Bank Bldg. (16) (IM)
Ross, Guy E.....1931 Brown St. (14) (PD)
Sharp, William L....559 Citizens Bank Bldg. (16) (P)
Sheldon, Suel A.....508 Anderson Bank Bldg. (16) (D)
Stamper, Joseph H (S).....619 State Rd. 67W. (11) (ANES)
Stamper, Robert J.....1415 Raible (11) (GP)
Starks, William O.....3405 Nichol Ave. (11) (ORS)
Stevenson, Jerry L.....2017 Melody Ln (14) (PATH)
Stinson, William M.....17 River Forest (12) (GP)
Szumilas, Peter P.....2009 Brown St. (14) (OBG)
Taylor, James A.....Delco Remy Div. (11) (OM)
Tierney, William J.
702 Anderson Bank Bldg. (16) (GS)
Wagoner, John R.....3522 Hawthorn (16) (U)
Webb, Harry D.....515 Citizens Bank Bldg. (16) (GP)
Weiss, Louis L.....1225 N. Madison (11) (ANES)
Whitaker, Jack D.....R. R. 9, Box 132 (11) (PATH)
Wilder, Gordon B. (S)....338 W. Eighth St. (16) (IM)
Williams, Francis M.....1012 Park Rd. (16) (IM)
Williams, Robert D.....2009 Brown St. (14) (GP)
Williams, Robert H.....2009 Brown St. (14) (GS)
Woodbury, Clarence R.....3405 Nichol Ave. (11) (ORS)
Wright, Cecil S. (S)....207 Beverly Terrace (11) (R)

Elwood

(*Zip Code* 46036)

Buechler, William F.....1817 S. A. St. (GP)
Drake, Marion C.....1201 Main St. (GP)
Fitzpatrick, Harry W. (S)..1309 S. Anderson St. (GP)
Hanson, Martin F.....100 N. First St. (GP)
Laudeman, Walter A.....1515 N. A St. (GP)
Oldag, George E.....1301 Main St. (GS)
Scea, Wallace A.....1601 S. Anderson St. (GP)

Gray, William J.....Chesterfield (46017) (GP)
Austin, Maynard A. (S)
3900 Washington Ave., Evansville (47715) (OO)
Ferrell, Mars B.....Fortville (46040) (GP)
Bishop, Harry A.....Frankton (46044) (GP)
Ridgway, Alton H.....Lapel (46051) (GP)
Doles, Ted S.....Middletown (47356) (GP)
Foley, Phillip D.....Middletown (47356) (GP)
Lind, John D.....613 N. 10th St., Middletown (GP)

Reynolds, Ralph E.....Middletown (47356) (GP)
Benedict, Harold G.
222 W. State St., Pendleton (46064) (GP)
Van Ness, William C.....Summitville (46070) (GP)

Ellis, Seth W. (S)
740 Northland Rd., Apt. F, Cincinnati, Ohio (45240) (OO)
Litzenberger, Sam W.
23 Wonson St. Gloucester, Mass. (U)
Rinne, John I...1109 17th, Bradenton, Fla. (33505) (GP)

MARION COUNTY

Beech Grove

(Zip Code 46107)

Cockrell, D. Kete.....3655 S. Sherman Dr. (GP)
Dill, Charles W.....3655 S. Sherman Dr. (GP)
Fortuna, Frank W.....1615 Main St. (GP)
Kim, Young D. (S).....136 N. 17th St. (GP)
Madden, Robert J.....St. Francis Hospital (ANES)
Sheehan, Francis G.....St. Francis Hospital (GP)
Zerfas, Charles P. A.....926 Main St. (GP)

Steury, Ernest M.....524 Center, Berne (46711) (GP)
Martz, Bill L.....R. R. 1, Brownsburg (46112) (IM)
Freeman, Max E...89 First Ave., Carmel (46032) (OBG)
Foster, Lee N.....428 A W. Smokey Row Rd.
Carmel (46032) (PATH)
Hasewinkel, Carroll W.
R. R. 2, Box 354, Carmel (46032) (ANES)
Kendall, William R.
60 Wildwood Dr. Carmel (46032) (ANES)
Nolan, Robert B.....20 E. Main, Carmel (46032) (PD)
Stoelting, Robt. K.....11424 Dona Dr.
Carmel (46032) (ANES)
Stoller, Leon J.....420 W. Cherry St.
Evansville (47713) (Resident)
Harris, Paul N.
Eli Lilly & Co., Toxicology Bldg., Greenfield
(46140) (PATH)
Pierce, Emmett C., Jr.
Eli Lilly & Co., Box 708, Greenfield (46140) (PATH)
Atkins, Clayton H.....226 E. Beechwood Ln.
Greenwood (46142) (GP)
Belding, Ray T.....100 N. Madison Ave.,
Greenwood (46142) (GP)
Brown, Earl E..100 N. Madison, Greenwood (46140) (GP)
Buehl, Isabelle A.....R. R. 3, Box 229
Greenwood (46140) (PATH)
Cohn, Alvin F.....R. R. 5, Box 548, Greenwood
(46142) (ANES)
DeMotte, C. Bowen (S)
P. O. Box 44, Greenwood (46142) (GP)
Onyett, Harold R.
P. O. Box 358, Greenwood (46142) (GP)
Fisher, Gerald E.
324 W. North St., Lebanon (46052) (OO)
Schiefer, Hildegard
R. R.3, 417, Martinsville (46151) (OO)
Kimble, John W.
R. R.4, Box 72, Mooresville (46158) (GS)
Culbertson, Clyde G...R. R.4, Nashville (47448) (PATH)
Asher, James W.....4730 W. 72nd St., New Augusta
(46268) (GP)
Browning, William M.
R. R. 1, Box 221-E, Nineveh (46164) (OO)
Cline, Donald L.....OB-GYN Dept., Base Hospital,
Grissom AFB, Peru (46970) (Military)
Rudwell, George H.
2201 S. East St., Richmond (47374) (Military)
Kay, John B.....695 Sugar Hill Dr.,
West Lafayette (47906) (GP)
Anderson, John T.....Dow Chemical Co.,
9550 Zionsville Rd., Zionsville (46077) (OM)
Dacquisto, Michael P.....Dow Chemical Co.,
P. O. Box 10, Zionsville (46077) (IM)
Harvey, Verne K., Sr. (S)
R. R. 2, Box 354, Zionsville (46077) (OO)
Westerman, Richard L...Box 10, Zionsville (46077) (IM)
McIntosh, John E.....Dow Chemical Co.,
P.O. Box 10, Zionsville (46077) (SR)

Indianapolis

(Zip Code 462 plus zone number.)

A

Addleman, Robert H....5540 Woodside Dr. (08) (ANES)
Adkins, Harold C.....708 E. 46th St. (05) (GP)
Albertson, Frank P.....5031 Rockville Rd. (24) (GP)
Albrecht, Willard H.7400 Hollingsworth Dr. (68) (ANES)
Aldrich, Harry D.....5506 E. 16th St. (18) (OPH)
Aldrich, Howard....4316 E. Washington St. (01) (GP)
Alexander, Ezra D. (S)....906 W. 27th St. (08) (GP)
Alig, Vincent B.....1815 N. Capitol Ave. (02) (P)
All, Barbara B.....1815 N. Capitol Ave. (02) (ANES)
Allen, Robert K.....3266 N. Meridian St. (08) (IM)
Alley, Thomas W.....1935 N. Capitol Ave. (02) (IM)
Alvis, David L.....822 Hume Mansur Bldg. (04) (OPH)
Alvis, Edmond O. (S)
320 Hume Mansur Bldg. (04) (OPH)
Anderson, James W.....3140 N. Illinois (02) (GP)
Anshutz, William M.....6340 Braemore Rd. (20) (R)
Antreasian, Berj....1303 N. Arlington Ave. (19) (IM)
Appel, Richard H.....320 Hume Mansur Bldg. (04) (PR)
Applegate, George W.....Methodist Hospital (02) (IM)
Arbogast, John L.....I. U. Medical Center (02) (PATH)
Arbuckle, William E. (S)....1150 S. Sheffield (21) (GP)
Armer, Robert M.....3500 Lafayette Rd. (22) (PD)
Armstead, John W.....2140 N. Capitol Ave. (02) (OBG)
Arnold, Aaron L.....6221 N. Keystone Ave. (20) (GP)
Arnold, Robert D.....5470 E. 16th St. (18) (OBG)
Aronson, Sidney S. (S).5670 N. Meridian St. (08) (OTO)
Assue, Clare M.....LaRue D. Carter Hospital (02) (P)
Avery, George O.....17 S. Traub (22) (GP)

B

Baadj, Abdel G.....2809 S. Holt Rd. (41) (GS)
Bachmann, Arnold J...3736 N. Delaware St. (05) (OBG)
Bader, Joseph.....7007 Tuxedo St. (20) (SR)
Baird, Melvin S.....19 W. 22nd St. (02) (GP)
Bakemeier, Otto H. (S)
5503 E. Washington St. (19) (GP)
Bakemeier, Robert E.
1303 N. Arlington Ave. (19) (GS)
Baker, John C.....American United Life Ins. Co.
30 W. Fall Creek Parkway (06) (ADM)
Balch, James F., Jr...709 Hume Mansur Bldg. (04) (U)
Ball, Joseph E.....4312 E. 10th St. (01) (GP)
Banas, William R....2236 Fair Oaks Dr. (24) (Resident)
Baptisti, Arthur. Jr.
Marion Co. General Hospital (02) (OBG)
Barnes, Gilbert H.....513 S. Sherman Dr. (03) (GP)
Barrett, Ivan R.....1224 Timberline (Resident)
Bartle, James L.....6604 Hythe Rd. (20) (OO)
Bartley, Max D.....801 Hume Mansur Bldg. (04) (OPH)
Bastnagel, William F.....3266 N. Meridian St. (08) (IM)
Bates, Laurence H.....3524 N. Meridian St. (08) (IM)
Battersby, J. Stanley....I. U. Medical Center (02) (GS)
Batties, Paul A.....2142 N. Capitol Ave. (02) (GP)
Bauer, Thomas B.....408 Hume Mansur Bldg. (04) (PS)
Baumeister, Herbert E.
3524 N. Meridian St. (02) (ANES)
Baxter, John P.....3266 N. Meridian St. (08) (GS)
Beach, Robert R. (S)
5810 E. Pleasant Run Pkwy., N. Dr. (19) (OO)
Beams, Ronald N.....5506 E. 16th St. (18) (OPH)
Beaver, Howard W.....2930 Madison Ave. (25) (GP)
Bechtol, Lavon D.....Lilly Research Labs.
P. O. Box 618 (06) (SR)
Beck, David C.....Ind. Univ. Med. Ctr. (02) (Resident)
Beck, Evart M.....915 E. 38th St. (05) (IM)
Becker, Harry G.....6060 College Ave. (20) (GS)
Beeler, John W.....712 Hume Mansur Bldg. (04) (R)
Beeler, Raymond C. (S)
3777 N. Meridian St. (08) (OO)
Beering, Steven C.....I. U. Medical Center (02) (IM)
Belshaw, George.....1640 N. Ritter Ave. (18) (OBG)
Belt, James H.....6225 Broadway (20) (PD)

Benedict, Paul F.....3949 Meadows Dr. (05) (GS)
Benjamin, Samson A.....1720 Alimingo Dr. (60) (OBG)
Bennett, Ivan F.
Lilly Clinic, Marion Co. General Hospital (02) (P)
Bennett, James E.....I. U. Medical Center (02) (PS)
Benson J. Thomas
2948 Kessler Blvd., N. Dr. (22) (OBG)
Benz, James A...7201 Sylvan Ridge Rd. (40) (PATH)
Berman, Edward J.....3426 N. Meridian St. (08) (GS)
Berman, Jacob K. (S).....3939 Cooper Lane (08) (GS)
Bernoske, Daniel G.....Indiana St. Board of Health
1330 W. Michigan St. (06) (PH)
Berry, John M.....6841 Willow Rd. (20) (ANES)
Bhagwandin, Harry O.
4761 Southeastern Ave. (03) (IM)
Bibler, Lester D.....1815 N. Capitol Ave. (02) (GP)
Biegel, Angenieta A.....I. U. Medical Center (02) (IM)
Bill, Robert O.....3231 N. Meridian St. (08) (P)
Black, Henry R.....7851 Holly Creek Dr. (40) (IM)
Blackford, Florence (S).....5909 E. 10th St. (19) (R)
Blackford, Ralph E. (S)....5909 E. 10th St. (19) (GS)
Blackwell, Donald S.....1815 N. Capitol Ave. (02) (ORS)
Blake, Albert L.....1802 N. Illinois St. (02) (IM)
Blatt, A. Ebner.....3400 N. Meridian St. (08) (IM)
Bloemker, E. Fredrick
Ind. Univ. Med. Ctr. (02) (Resident)
Bloemker, Edward F.....2729 Shelby St. (03) (GP)
Boggs, Eugene F.....8 E. Troy Ave. (25) (IM)
Boling, Frederick F.....3049 S. Holt Rd. (41) (GP)
Boling, Grover C.....1440 E. 46th St. (05) (GP)
Bond, George S. (S)..1221 N. Delaware St. (02) (CD)
Bond, Virginia.....4525 W. 59th St. (54) (ANES)
Bond, William H.....I. U. Medical Center (02) (IM)
Bonsett, Charles A.....6133 E. 54th Pl. (26) (P)
Booher, Norman R.....447 E. 38th St. (05) (GP)
Booher, Olga Bonke.....447 E. 38th St. (05) (PD)
Booth, Boynton H.....301 Hume Mansur Bldg. (04) (D)
Boyce, Paul A.....5411 N. Kenmore Rd. (26) (IM)
Boyer, Floyd A.....442 N. Drexel Ave. (01) (GP)
Brady, Thomas A.....1815 N. Capitol Ave. (02) (ORS)
Brandes, David C.....3064 Watergate Rd. (24) (U)
Brantly, James M.....Methodist Hospital (02) (IM)
Brayton, Lee.....3930 N. Illinois St. (08) (GP)
Brickley, Harry D.....3266 N. Meridian St. (08) (GS)
Brickley, Richard A.....3266 N. Meridian St. (08) (GS)
Briggs, Robert W.....2140 N. Capitol (02) (IM)
Brillhart, James R.....5506 E. 16th St. (18) (OBG)
Brissenden, Reynolds B. III
240 N. Meridian St. (04) (OM)
Brogan, Thomas M.....740 E. 52nd St. (05) (GP)
Brooks, Fred R., Jr.....3349 Georgetown Rd. (24) (GP)
Brough, A. Kathleen....11850 Brookville Rd. (39) (GP)
Brown, Archie E.....5575 Gulf Blvd.
St. Petersburg Beach, Fla. (33706) (OO)
Brown, David E.....1944 N. Capitol Ave. (02) (OTO)
Brown, DeWitt W.....1633 N. Capitol Ave. (02) (P)
Brown, Earl R., Jr.....Community Hospital (19) (R)
Brown, Frances T. (S)..2126 N. Talbot Ave. (02) (GP)
Brown, Frank M.....2875 Clifton (08) (GP)
Brown, Gordon T.....3266 N. Meridian (05) (P)
Brown, Wendell E.....3426 N. Meridian St. (08) (PD)
Browning, James S.....3120 N. Meridian St. (08) (IM)
Brownley, E. Jane..2840 N. High School Rd. (24) (PD)
Bruce, Reginald A.....2515 E. 34th St. (18) (GP)
Buckingham, Richard E., Jr.
I. U. Medical Center (02) (Resident)
Brueckmann, F. Robert
1815 N. Capitol Ave., #401 (02) (ORS)
Buehl, Frederick H.....I. U. Medical Center (02) (P)
Buntin, Presley T....Methodist Hospital (02) (Resident)
Burdette, Harold F.....3266 N. Meridian St. (08) (IM)
Burghard, Rolla D.....Community Hospital (19) (GP)
Burt, Michael.....I. U. Medical Center (02) (Resident)
Butler, John O.....7216 S. Madison Ave. (27) (IM)
Butler, Robert M.....3426 N. Meridian St. (08) (PD)

C

Cadiente, Samson S.....3266 N. Meridian St. (08) (GS)
Cahn, Hugo M. (S).....6416 Hoover Rd. (60) (OO)
Cahn, Peter H.....818 Hume Mansur Bldg. (04) (OPH)
Caldwell, Marilyn R.....111 E. 53rd St. (20) (P)
Campbell, H. Edwin, Jr..3500 Lafayette Rd. (22) (OBG)
Campbell, John A.....I. U. Medical Center (02) (R)
Campbell, Richard W.....6834 Mohawk Lane (60) (IM)
Campbell, Robert L.....1100 W. Michigan St. (02) (NS)
Caplin, Irvin.....1815 N. Capitol Ave. (02) (A)
Caputi, Saverio
V. A. Hospital, 1481 W. 10th St. (02) (R)
Card, William C.....5315 E. 79th St. (50) (PATH)
Carson, Wayne.....1802 N. Illinois St. (02) (TS)
Carter, James E.....I. U. Medical Center (02) (OBG)
Cates, Jeryl R.....421 Ashford Court (24) (GP)
Chattin, William R.....4829 E. 38th St. (18) (PD)
Chavez, Mauro E...2840 N. High School Rd. (24) (OBG)
Chen, Ko Kuei (S)....I. U. Medical Center (02) (IM)
Chernish, Stanley M.
Marion Co. General Hospital (02) (IM)
Chivington, Paul V., Jr.
707 Hume Mansur Bldg. (04) (D)
Christie, Marvin C.....3655 S. Sherman (27) (GP)
Chroniak, Walter.....41 N. Shortridge Rd. (19) (IM)
Clark, Edward E.....3731 N. Keystone Ave. (18) (GP)
Clark, George A...822 Hume Mansur Bldg. (04) (OPH)
Clark, Lawson J.....3736 N. Delaware St. (05) (OBG)
Coates, Jacqueline.....305 W. 42nd St. (08) (PD)
Cobb, Clarence M.....3202 N. Meridian St. (08) (PATH)
Coggeshall, Warren E..3524 N. Meridian St. (08) (IM)
Collins, Hubert L.....985 N. Arlington Ave. (19) (GP)
Collins, Robert C.....1356 W. 21st St. (02) (GP)
Conley, Joseph L. (S).....405 E. 52nd St. (05) (OO)
Conway, Chester C.....4402 E. New York St. (01) (GP)
Conway, Glenn (S).....1620 S. East St. (25) (GP)
Cookson, Lawrence U.....1010 E. 86th St. (40) (R)
Copher, David E.....3266 N. Meridian (08) (OBG)
Cornog, John L., Jr.....1100 W. Michigan St. (PATH)
Cornacchione, Matthew.....814 S. East St. (25) (GP)
Cortese, James V.....3901 S. East St. (27) (GP)
Cortese, Thomas A.....3901 S. East St. (27) (GS)
Cortese, Thomas A., Jr.
5411 E. 56th St. (26) (D)
Costin, Robert L.....301 E. 38th St. (05) (PATH)
Coughenour, J. Robert
534 Turtle Creek, N. Dr. (27) (GP)
Countryman, Frank W....1815 N. Capitol Ave. (02) (P)
Craft, Kenneth L. (S)
1002 Hume Mansur Bldg. (04) (OTO)
Craig, Alexander F.....5350 E. 38th St. (18) (ANES)
Crawford, John A...321 Hume Mansur Bldg. (04) (ORS)
Cron, Wm. J.....Ind. Med. Ctr. (02) (D)
Cronin, H. Joseph.....3400 N. Meridian St. (08) (R)
Cross, David G.....1002 Troy Ave. (03) (GP)
Crossin, James A.....1815 N. Capitol Ave. (02) (GS)
Cumming, James R.....6214 Broadway (20) (PD)
Cummins, Douglas F.....7617 W. 10th St. (24) (ANES)
Cure, Charles W.....1815 N. Capitol Ave. (02) (NS)
Currie, Robert W.....512 E. 57th St. (20) (R)
Curry, R. Louis.....5705 E. 38th St. (18) (GP)
Cusick, James A.....3400 N. Meridian St. (08) (ANES)
Cuthbert, Marvin P...3266 N. Meridian St. (08) (OPH)
Czenkusch, Helen G.....2840 High School Rd. (24) (PD)

D

Daley, Edward H.....5350 E. 38th St. (18) (ANES)
Dallas, Fred R.....1640 N. Ritter Ave. (18) (U)
Dallas, Mary E.
3649 E. 71st St. (02) (ANES)
Dalton, William W.
Lilly Research Labs., P.O. Box 618 (06) (IM)
Daly, Joseph M.....532 Turtle Creek, N. Dr. (27) (PD)
Daly, Walter J.....Ind. Univ. Med. Ctr. (02) (OO)
Darbro, David A.....2124 E. Hanna (27) (GP)

Davidson, Dale A.....1815 N. Capitol Ave. (02) (PS)
Davidson, N. Cort.....3233 N. Meridian St. (08) (GP)
Davis, Bennie L.....2615 N. Capitol Ave. (08) (U)
Davis, Larry M.....1315 W. Tenth St. (02) (Resident)
Davis, Margaret M.....2603 W. 42nd St. (08) (ANES)
Davis, Sam J.....908 Hume Mansur Bldg. (04) (ORS)
Deacon, Walter E.,.....State Office Bldg. (04) (PH)
Deal, Eleanor H.....4917 W. 15th St. (24) (GP)
Dearmin, Robert M. (S)3233 N. Meridian St. (08) (OTO)
DeArmond, Murray (S)..1815 N. Capitol Ave. (02) (NS)
DeBrota, John, Jr...3524 N. Meridian St. (08) (ANES)
Decatur, David R.....1303 N. Arlington Ave. (19) (GP)
Deever, John W.....4131 Shelby St. (27) (OBG)
Deitch, Robert D...308 Hume Mansur Bldg. (04) (OPH)
Denny, Forrest L.....3351 W. 10th St. (22) (GP)
Denny, James W.....25 N. Ritter Ave. (19) (GP)
DeRosa, G. Paul.....I.U. Med. Ctr. (02) (ORS)
DeWees, Dwight L.....302 N. Bradley Ave. (01) (GP)
DeWester, Gerald M.....7216 Madison Ave. (27) (GP)
Dickson, Carolyn L.....501 N. West St. (02) (GP)
Dill, Myron K.....3120 N. Meridian St. (08) (IM)
Dilts, Robert L.....2521 E. 38th St. (18) (GP)
Dintaman, Paul G...703 Hume Mansur Bldg. (04) (IM)
Dolan, Patrick A.....Methodist Hospital (02) (R)
Donahue, James M.....1815 N. Capitol Ave. (02) (P)
Donato, Albert M.....1429 Shelby St. (03) (GP)
Donnelly, Robert W...313 Hume Mansur Bldg. (04) (R)
Doran, J. Hal.....620 Hume Mansur Bldg. (04) (IM)
Doughty, Samuel R., Jr...5350 E. 38th St. (18) (ANES)
Douglas, William T.....3202 N. Meridian St. (08) (GP)
Dryden, Gale E.....5835 N. Tacoma (20) (ANES)
Dubois, Don R.....7210 Madison Ave. (27) (PD)
Dugan, John R.....6332 Guilford (20) (GP)
Dugan, William M., Jr.
3524 N. Meridian St. (08) (IM)
Duncan, Stuart J.....3037 S. Meridian St. (27) (GP)
Duncan, William A.....1221 E. 86th St. (40) (OBG)
Dunkin, Ramon S.....3266 N. Meridian St. (08) (IM)
Dyar, Edwin W.....1010 E. 86th St. (40) (OPH)
Dyar, Robert W.....1010 E. 86th St. (40) (OPH)
Dyke, Richard W..Marion Co. General Hospital (02) (IM)
Dyken, Mark L.....I. U. Medical Center (02) (N)

E

Earp, Evanson B. (S).3368 Washington Blvd. (05) (GP)
Eastman, Joseph R., Jr.....220 W. 64th St. (60) (OO)
Eaton, Edwin R.....Community Hospital (19) (GS)
Eaton, Lyman D.....4829 E. 38th St. (18) (IM)
Ebert, J. Wayne (S)....1125 Southview Dr. (27) (GP)
Echt, Charles R.....3266 N. Meridian (08) (OBG)
Edwards, Judith A...1032 Navajo Trail S. Dr. (60) (OO)
Edwards, Wendell L...Methodist Hospital (02) (ANES)
Egbert, Herbert L.....5317 E. 16th St. (18) (GS)
Eicher, Palmer O.....3400 N. Meridian St. (08) (ORS)
Eldridge, Gail E.....1440 E. 46th St. (05) (GP)
Elkins, James P.....7210 Madison (27) (OBG)
Elliott, John T.....Methodist Hosp. (02) (Resident)
Elliott, William C.....3524 N. Meridian St. (08) (CD)
Ellis, William N.....1640 N. Ritter Ave. (18) (GP)
Emhardt, John T.....1628 S. East St. (25) (GP)
Esparza, Higinio S.
Marion Co. General Hospital (02) (PATH)
Evans, Frederick H.....2140 N. Capitol (02) (OTO)
Evans, Paul V.....Methodist Hospital (02) (PATH)
Everly, Ralph V.....706 E. 46th St. (05) (GP)

F

Failey, Robert B., Jr.....I. U. Medical Center (02) (IM)
Faris, James V.....5571 Scarlet Dr. (24) (Resident)
Farrell, Joseph T.....2807 E. Michigan St. (01) (GP)
Fausset, C. Basil.....1815 N. Capitol Ave. (02) (NS)
Fechtman, William F.....6020 Gladden Dr. (20) (OTO)
Feeney, Martin T...532 Turtle Creek, N. Dr. (27) (OBG)
Ferry, Francis A.....1638 E. Raymond St. (03) (GP)
Finneran, Joseph C.....1802 N. Illinois St. (02) (GS)
Fisch, Charles.....I. U. Medical Center (02) (CD)
Fischer, A. Alan.....3500 Lafayette Rd. (22) (GP)
Fisher, William P.....I.U. Medical Center (02) (P)
Fitzgerald, William J.
303 Fountain Square Theatre Bldg. (03) (GP)
Flanagan, Paul M.....3440 N. Meridian St. (08) (OBG)
Flanders, Robert, Jr.....3266 N. Meridian St. (08) (IM)
Flanigan, Meredith B.....3305 Rutledge (08) (ANES)
Fleischl, Herbert.....Central State Hospital (22) (P)
Flick, John J.....668 E. 38th St. (05) (OPH)
Flora, Joseph O.....4317 W. Washington St. (41) (GP)
Fosgate, Harold L.....4301 E. 38th St. (18) (GP)
Foster, Lowell G.
Marion Co. General Hospital (02) (P)
Foster, Ray D.....1944 N. Capitol Ave. (02) (OTO)
Fouts, Paul J.....623 Hume Mansur Bldg. (04) (IM)
Franks, Larry C.....Methodist Hosp. (02) (OBG)
Franken, E. A., Jr.....I.U. Medical Center (02) (R)
Franklin, William L.508 Hume Mansur Bldg. (04) (ORS)
Freed, Carl A.....2948 Kessler Blvd., N. Dr. (22) (OBG)
French, Richard N.....LaRue D. Carter Hosp. (02) (P)
Fromhold, Willis A.....510 Willard Ave. (27) (GP)
Fry, Robert D.....607 Hume Mansur Bldg. (04) (GS)
Fulton, William H.....7216 S. Madison Ave. (27) (N)
Fundenberger, Martin.....2815 E. 38th St. (18) (OPH)

G

Gabovitch, Edward R.....1935 N. Capitol Ave. (02) (IM)
Gabrielsen, Ted H.....1815 N. Capitol Ave. (02) (GS)
Gaddy, Euclid T. (S).2602 W. Washington St. (22) (GP)
Gaddy, Nelson D.....3500 Lafayette Rd. (22) (GP)
Gambill, William D.....1633 N. Capitol Ave. (02) (IM)
Garber, J. Neill.....1815 N. Capitol Ave. (02) (ORS)
Garceau, George J. (S)
508 Hume Mansur Bldg. (04) (ORS)
Gard, Daniel A.....1915 N. Capitol Ave. (02) (GP)
Gardiner, Sprague H...I. U. Medical Center (02) (OBG)
Gardner, Austin L.....3266 N. Meridian St. (08) (GS)
Gardner, F. Buckman
St. Vincent's Hospital (08) (ANES)
Garfield, Martin D.....3705 College Ave. (05) (GP)
Garner, W. Stanley.....2704 E. 62nd St. (20) (GP)
Garrett, Robert A.....I.U. Medical Center (02) (U)
Gaurano, Lauro M.....234 E. Southern Ave. (25) (IM)
Geider, Roy A.....1525 Prospect St. (03) (GP)
Geisler, Hans E.....5470 E. 16th St. (18) (OBG)
George, Charles L.....1121 E. 80th St. (40) (ANES)
Gerth, Robert E.....Methodist Hospital (02) (R)
Gibson, Greta Maxine
5744 Broadway Terrace (20) (OO)
Gick, Herman H. (S)..2705 E. Michigan St. (01) (GP)
Gillen, Howard W...Marion Co. General Hosp. (02) (N)
Gillespie, Charles F...3400 N. Meridian St. (08) (OBG)
Gillespie, Jacob E...523 Hume Mansur Bldg. (04) (GP)
Gillim, Parvin D...315 Hume Mansur Bldg. (04) (OPH)
Girod, Donald A.....I.U. Medical Center (02) (PD)
Glover, John L.....4124 Sunmeadow Lane (08) (GS)
Goldman, Samuel....2117 W. Washington St. (22) (GP)
Gonzalez, Alfredo B.....3901 S. East St. (27) (GS)
Goodman, Julius M.....1815 N. Capitol Ave. (02) (NS)
Gormley, Joseph J.....2372 Lafayette Rd. (22) (GP)
Gosman, James H.....1815 N. Capitol Ave. (02) (D)
Graham, Edward W.
3531 N. Keystone Ave. (18) (PATH)
Graham, John D.....1802 N. Illinois St. (02) (IM)
Graham, William E...3440 N. Meridian St. (08) (OBG)
Gray, Howard R.....301 Hume Mansur Bldg. (04) (D)
Gray, Kenneth L...2727 N. High School Rd. (24) (GP)
Grayson, Merrill.....I.U. Medical Center (02) (OPH)
Grayson, Ted L.....1815 N. Capitol Ave. (02) (GS)
Green, Joseph B.....I.U. Medical Center (02) (N)
Green, Morris.....Riley Hospital (02) (PD)
Green, Oscar.....P. O. Box 40506 (40) (PD)
Greene, Morgan E.
Marion Co. General Hospital (02) (GP)
Gregory, Robert L.....5506 E. 16th St. (18) (IM)
Greist, John H.....3231 N. Meridian St. (08) (P)
Grief, James V.....5831 E. Washington St. (19) (R)
Grief, Robert S.....2302 E. Troy (03) (GP)
Griffin, Leslie W. Allison Div., General Motors (06) (OM)
Griffith, Richard S.
Lilly Clinic, Marion Co. General Hospital (02) (SR)

Griffith, Ross E...801 Kessler Blvd. W. Dr. (08) (OBG)
Grimes, Eva M.
950 Ellenberger Pkwy., W. Dr. (19) (R)
Grimes, Hubert N.....5516 E. 21st St. (18) (PD)
Grisell, Ted L.....5317 East 16th St. (18) (GS)
Grisell, Ted W.....4541 Guilford (05) (Resident)
Grosz, Hanus J.....I.U. Medical Center (02) (P)
Gruber, Charles M.
Lilly Clinic, Marion Co. General Hospital (02) (IM)

H

Habegger, Elmer D.....1815 N. Capitol Ave. (02) (GS)
Hackney, Victor C.....I.U. Medical Center (02) (D)
Hadley, David.....702 Hume Mansur Bldg. (04) (ORS)
Haggard, Edmund B. (S)
5914 N. Emerson Ave. (20) (OO)
Hall, Jack H.....Methodist Hospital (02) (IM)
Hamburger, Richard J...I.U. Medical Center (02) (IM)
Hamer, Homer G. (S)..1711 N. Capitol Ave. (02) (U)
Hamilton, Howard B...901 S. Emerson Ave. (03) (OM)
Hampshire, Donald R.
1443 N. Pennsylvania St. (02) (GP)
Hancock, John G.....2226 W. Michigan St. (22) (GP)
Hann, Eldon C.....1633 N. Capitol Ave. (02) (NS)
Hanna, Thomas A.....1608 N. Lynhurst Dr. (24) (GP)
Harcourt, Robert S.....1915 N. Capitol Ave. (02) (GS)
Harding, M. Richard....3949 Meadows Dr. (05) (OPH)
Harding, Myron S. (S)....5410 Radnor Rd. (26) (OPH)
Hare, Earl H. (S)....5524 N. Delaware St. (20) (GPM)
Hare, Laura.....87 W. 43rd (08) (OO)
Harger, Robert W..804 Hume Mansur Bldg. (04) (OPH)
Harris, Carl B.....319 Hume Mansur Bldg. (04) (OPH)
Harris, James C.....1295 E. 86th St. (40) (IM)
Harvey, Verne K., Jr.....Indiana State Board of Health
1330 W. Michigan St. (06) (GPM)
Hatfield, Nicholas W.....5851 E. 54th Pl. (26) (GP)
Hawk, Edgar A.....1815 N. Capitol Ave. (02) (ANES)
Hawk, James H.....1330 W. Michigan (06) (OBG)
Hawthorne, James J.....2265 Rome Dr. (08) (IM)
Haymond, Joseph L.....301 E. 38th St. (05) (PATH)
Haynes, John T.....1815 N. Capitol Ave. (02) (A)
Healey, Robert J.....3266 N. Meridian St. (08) (IM)
Hedrick, Philip W.....1221 E. 86th St. (40) (PD)
Heimburger, Robert F...I.U. Medical Center (02) (NS)
Helmen, Charles H.....Marion Co. Gen. Hosp. (02) (R)
Helveston, Eugene M...I.U. Medical Center (02) (OPH)
Henderson, Roscoe C.....418 E. 30th St. (05) (GP)
Hendricks, Fred A...6917 N. Keystone Ave. (20) (GP)
Hendricks, John W...911 Hume Mansur Bldg. (04) (U)
Henry, Russell S.....2119 Shelburne Dr. (60) (PUD)
Herod, Gilbert T.....1815 N. Capitol Ave. (02) (TS)
Heubi, John E...Marion Co. General Hospital (02) (PD)
Hibbeln, Frederic P.....1010 E. 86th St. (40) (D)
Hicks, Murwyn L.....5350 E. 38th St. (18) (ANES)
Hildebrand, William L..Marion Co. Gen. Hosp. (02) (GP)
Hill, Herbert N.....3500 Lafayette Rd. (22) (GP)
Hill, James K.....3500 Lafayette Rd. (22) (PD)
Hilz, Mary Ann.....3901 S. East St. (27) (R)
Himelstein, N. Harvey....3500 Lafayette Rd. (22) (GP)
Himler, James M.
445 N. Pennsylvania St., #809 (04) (IM)
Hoffman, Herman.....650 E. 38th St. (05) (GP)
Hofmann, J. William (S)
7001 Hoover Rd. (60) (OO)
Hogan, Michael A.....2704 E. 62nd St. (20) (PD)
Holland, William M.....3524 N. Meridian St. (08) (IM)
Holman, Jerome E., Jr.....3315 E. 10th St. (01) (GP)
Holman, Jerome E., Sr. (S)
4503 E. Kessler Blvd. (20) (OO)
Hood, Ainslee A.....910 Markwood Ave. (27) (GP)
Hopkins, Bruce J.....3120 N. Meridian St. (08) (OTO)
Horwitz, Thomas....421 Hume Mansur Bldg. (04) (ORS)
Howell, Arthur.....126 Berkley Rd. (08) (PS)
Howell, Joseph D.....760 Bankers Trust Bldg. (04) (A)
Hoyt, Lester H.....Methodist Hospital (02) (PATH)
Hoyt, Millard L.....5506 E. 16th St. (18) (P)
Hubbard, Jesse D.....I.U.Medical Center (02) (PATH)
Huber, Carl P.....I.U.Medical Center (02) (OBG)
Hull, Ronald H.....1815 N. Capitol Ave. (02) (P)
Hummons, Francis D.
2229 Northwestern Ave. (23) (GP)
Hunneshagen, Donald E.
Methodist Hospital (02) (Resident)
Hunter, Charles A., Jr...I.U. Medical Center (02) (OBG)
Hurteau, William W...Methodist Hospital (02) (PATH)
Hurwitz, Roger A.....I.U. Medical Center (02) (PDC)
Huse, William M.....1815 N. Capitol Ave. (02) (OBG)
Hutson, Richard A..1815 N. Capitol Ave. (02) (Resident)

I

Irvine, William O.....1815 N. Capitol Ave. (02) (ORS)
Irwin, Glenn W., Jr.....I.U. Medical Center (02) (IM)
Isenbarger, Karl.....111 E. 75th St. (40) (GP)
Iske, Paul G.....1919 N. Capitol Ave. (02) (IM)

J

James, Charles E.....6939 N. Michigan Rd. (68) (GP)
Jay, Arthur N.....6409 Consulate Ct. (24) (ADM)
Jay, James M.....1626 Hall Pl. (02) (IM)
Jenkins, John E., Jr.....3740 Central Ave. (05) (R)
Jenkins, Robert E.....3440 N. Meridian St. (08) (D)
Jennings, Frank L. (S).....60 Meridian Pl. (05) (IM)
Jewett, Joe H.....3120 N. Meridian St. (08) (IM)
Jobes, James E...54 Monument Circle, #510 (04) (OM)
Johnloz, David K...I.U. Medical Center (02) (Resident)
Johnson, A. Cedric, Jr...1815 N. Capitol Ave. (02) (GS)
Johnson, Earl H.....4801 Plantation Dr. (50) (U)
Johnson, Thomas W.....1802 N. Illinois St. (02) (OTO)
Johnson, Wayne Lee.....I.U. Med. Ctr. (02) (OBG)
Jones, Allen W.....6060 College Ave. (20) (IM)
Jones, David E.....828 C. of C. Bldg. (04) (OTO)
Jones, Francis P.....4212 E. Michigan St. (01) (GP)
Jones, Gordon C.....1517 N. Emerson (19) (GP)
Jones, John D.....I.U. Medical Center (02) (Resident)
Jones, Richard A.....3120 N. Meridian St. (08) (OTO)
Jontz, Jon P.....5350 E. 38th St. (18) (ANES)
Joseph, Rex M.....59 E. Troy Ave. (25) (GP)
Jowitt, Richard H.....1502 N. Emerson (19) (IM)
Joyner, John E....3901 N. Meridian St., #336 (08) (NS)
Judd, Russell L.....1303 N. Arlington Ave. (19) (U)
Judson, Walter E.....I.U. Medical Center (02) (CD)

K

Kahler, Maurice V. (S)..2638 Kessler Blvd. (22) (GP)
Kahn, Alexander J.....3120 N. Meridian St. (08) (PD)
Kahn, Howard L.....3120 N. Meridian St. (08) (OBG)
Kaiser, James L.....1815 N. Capitol Ave. (02) (ORS)
Kalsbeck, John E.....I.U. Medical Center (02) (NS)
Kammen, Leo.....3202 W. 16th St. (22) (GP)
Karsell, William A.....3989 Meadows Dr. (05) (OBG)
Katterjohn, James C..313 Hume Mansur Bldg. (04) (R)
Keating, John U.....3000 W. Washington St. (22) (P)
Kebel, Arthur P.....4456 N. Keystone Ave. (05) (GP)
Keenan, George B.....3225 Shelby St. (27) (GP)
Kennedy, Hunter F.....1229 Prospect St. (03) (GP)
Kennedy, Joseph T.....5350 E. 38th St. (18) (ANES)
Kenney, David B.....5506 E. 16th St. (18) (OPH)
Kerner, Donald J.....7431 Orinoco Ave. (27) (GP)
Kerr, Harry R. (S)..5774 Washington Blvd. (20) (OO)
Kiefer, C. Raymond.....1315 W. 10th St. (02) (CHP)
Kight, Jerry L.....7232 Rosehill Dr. (60) (IM)
Kim, Kil Chol.....I.U. Medical Center (02) (ANES)
Kimble, John W.....3400 N. Meridian St. (08) (GS)
King, Harold.....I.U. Medical Center (02) (GS)
King, Robert D.....I.U. Medical Center (02) (GS)
Kingsbury, John K. (S)
5462 E. Washington St. (19) (GP)
Kirkhoff, Paul J.....5317 E. 16th St. (18) (PD)
Kirtley, William R.
Eli Lilly & Co., 740 S. Alabama St. (06) (SR)
Kissel, Wesley A.....1815 N. Capitol Ave. (02) (P)
Kitterman, Harry E. (S).....703 State Office Bldg.
(04) (ORS)
Klain, Benjamin V.....4157 College Ave. (05) (GP)

Kleit, Stuart A.....I.U. Medical Center (02) (IM)
Klutinoty, George II....3500 Lafayette Rd. (22) (GP)
Kneidel, John H.....5324 W. 16th St. (24) (R)
Kohlstaedt, Karl C.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Kohlstaedt, Kenneth G.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kooiker, John E.....1815 N. Capitol Ave. (02) (P)
Koons, Karl M., Jr.....5470 E. 16th St. (18) (GS)
Koons, Karl M. (S)....5767 N. Pennsylvania (20) (OO)
Kopecky, Robert R.....4131 Shelby St. (27) (OBG)
Kornafel, L. H.....905 Hume Mansur Bldg. (04) (GS)
Kraft, Bennett.....760 Bankers Trust Bldg. (04) (A)
Kriel, William B.....5630 W. Washington St. (41) (GP)
Kuntz, Herman W...611 Hume Mansur Bldg. (04) (OTO)
Kurlander, Gerald J.....Community Hospital (19) (R)
Kurtz, Fred B. (S).....5520 N. Illinois St. (08) (GP)
Kurtz, Philip L.
Eli Lilly & Co., 740 S. Alabama St. (06) (IM)
Kurtz, Richard.....3351 N. Meridian (08) (OTO)
Kwitny, Isadore J.....3400 N. Meridian St. (08) (IM)

L

LaDine, Clarence B.....2077 N. Emerson (18) (GP)
Lamb, Emmett B. (S).....205 Hume Mansur Bldg. (04) (GS)
Lamb, Russell W.....205 Hume Mansur Bldg. (04) (GS)
Lamber, Chet K.....914 Hume Mansur Bldg. (04) (GS)
Lambert, Dennis M.....I.U. Med Ctr. (02) (Resident)
Lamkin, E. Henry, Jr.....1935 N. Capitol (02) (IM)
Landwehr, Alfons.....5217 Leon Pl. (26) (IM)
Lane, C. Elaine.....2840 N. High School (24) (IM)
Lang, Jay W.....5350 E. 38th St. (18) (ANES)
Largaespada, Manuel.....549 S. Fleming (41) (GS)
Lasich, Anthony R.....1815 N. Capitol Ave. (02) (ORS)
Lawrence, James M.....3500 Lafayette Rd. (22) (OPH)
Lawson, Allan J.....1010 E. 86th St. (40) (PD)
Leatherman, Harter L. (S)..1502 E. 46th St. (05) (GP)
Lee. Domingo K.....3901 S East St. (27) (PMR)
Leffel, James M.....1633 N. Capitol Ave. (02) (GS)
Leffler, William T.....250 E. 70th St. (20) (GP)
LeMaster, Theodore R.
800 Hume Mansur Bldg. (04) (OPH)
Leser, Ralph U.....3901 N. Meridian St. (08) (IM)
Levi, Leon.....40 W. 38th St. (08) (IM)
Lewis, Earl.....2555 S. Davis Rd. (39) (GP)
Lewis, Paul S.....St. Vincent's Hospital (08) (GP)
Lichtenberg, Melvin.....535 E. 38th St. (05) (GP)
Lidikay, Edward C.....3989 Meadows Dr. (05) (OBG)
Liebschutz, Norman H.....6450 W. 10th St. (24) (PD)
Lindenborg, Paul G..3016 N. Arlington Ave. (18) (GP)
Lindseth, Richard E.....I.U. Medical Center (02) (ORS)
Lingeman, Raleigh E...1944 N. Capitol Ave. (02) (OTO)
Link, Goethe (S).....401 N. Illinois St. (04) (GS)
Littlefield, Paul A.
4040 Crooked Creek Overlook (08) (ANES)
Littlefield, Shirley D. 1815 N. Capitol Ave. (02) (ANES)
Lloyd, Frank P.....Methodist Hospital (02) (OBG)
Loehr, William M.....I.U. Medical Center (02) (R)
Logan, Patrick C.....5506 E. 16th St. (18) (D)
Loomis, Norman S. (S)....5416 E. 81st St. (50) (OO)
Lord, Glenn C.....104 E. 38th St. (05) (IM)
Lord, Thomas J.....3266 N. Meridian St. (08) (IM)
LoSasso, Alvin M.....1100 W. Michigan (02) (ANES)
Louden, Robert W.....1221 E. 86th St. (40) (GP)
Love, George N.....5331 Washington Blvd. (20) (ANES)
Lowe, John C.....1303 N. Arlington Ave. (19) (IM)
Lozow, David.....5213 Briefrun (26) (ORS)
Lucas, Clarence A., Jr...2012 Boulevard Pl. (02) (GP)
Luginbill, Howard M.....5470 E. 16th St. (18) (P)
Lukemeyer, George T...I.U. Medical Center (02) (IM)
Lunsford, Thomas E.....1815 N. Capitol Ave. (02) (N)
Luros, J. Theodore.....1633 N. Capitol Ave. (02) (NS)
Lybrook, William B.....1564 N. Downey Ave. (19) (GP)
Lynn, Gene E.....1815 N. Capitol Ave. (02) (P)

M

MacDougall, John D.....3949 Meadows Dr. (05) (GS)
McAree, Francis E., Jr.....5470 E. 16th St. (18) (OBG)
McBride, James S. (S).....720 E. 80th St. (40) (OO)
McCallum, Donald C.....1815 N. Capitol Ave. (02) (U)
McCallum, Robert N.....3266 N. Meridian St. (08) (IM)
McCartney, Donald H.
1021 Hume Mansur Bldg. (04) (ORS)
McClain, Edwin S.....3500 Lafayette Rd. (22) (OBG)
McCormick, Charles O., Jr. 3989 Meadows Dr. (05) (OBG)
McDaniel, Edwin C.....1815 N. Capitol Ave. (02) (U)
McDougal, Robert A..3202 N. Meridian St. (08) (PATH)
McElroy, James T.....209 Hume Mansur Bldg. (04) (IM)
McGrath, Michael F.....1929 E. 38th St. (18) (GP)
McIntyre, James M.....1815 N. Capitol Ave. (02) (PR)
McKinley, A. David.....I.U. Medical Center (02) (IM)
McLaren, Daniel E.....6000 E. 46th St. (26) (GP)
McNutt, Cyrus C.....8639 Lancaster Rd. (60) (PATH)
McQuiston, Ralph J.....608 Guaranty Bldg. (04) (OTO)
Mackey, John E.....3400 N. Meridian St. (08) (OBG)
Madtson, A. Ricks
1815 N. Capitol Ave., #307 (02) (GS)
Malloy, Francis E., Jr.....5350 E. 38th St. (18) (ANES)
Mandelbaum, Isidore.....I.U. Medical Center (02) (GS)
Manders, Karl L.....5506 E. 16th St. (18) (NS)
Manion, Marlow W..601 Hume Mansur Bldg. (04) (OTO)
Mann, Mortimer.....3426 N. Meridian St. (08) (OPH)
Manning, K. Randolph..1815 N. Capitol Ave. (02) (ORS)
Manzie, Michael W.....3500 Lafayette Rd. (22) (GS)
Marhenke, John D.....1315 W. 10th St. (02) (P)
Marks, John S., Jr.....5506 E. 16th St. (18) (NS)
Maroon, Joseph C.....I.U. Med. Ctr. (02) (NS)
Marsh, Carl M.....101 N. Shortridge Rd. (19) (IM)
Marshall, Cavins R. (S).....43 W. 30th St. (08) (GP)
Martin, Freeman.....3450 N. Illinois St. (08) (GP)
Martin, Hugh E.....3644 W. 69th (68) (OO)
Martin, Loren H...2626 W. Washington St. (22) (GP)
Martz, Carl D.....912 Hume Mansur Bldg. (04) (ORS)
Masbaum, Ned P.....1010 E. 86th (40) (P)
Masters, John M. (S)
805 Hume Mansur Bldg. (04) (OPH)
Matthew, W. Burleigh
518 Hume Mansur Bldg. (04) (OPH)
Matthews, Bernard J.(S) 966 N. Graham Ave. (19) (OO)
Matthews, William M..I.U. Medical Center (02) (ANES)
Maxam, B. T.....3524 N. Meridian St. (08) (IM)
Mealey, John, Jr.....I.U. Medical Center (02) (NS)
Megenhardt, Dennis S...3266 N. Meridian St. (08) (GS)
Melin, John R.....1633 N. Capitol Ave. (02) (OBG)
Mentendiek, Maurice H...141 Buckingham Dr. (08) (OO)
Mercado, Zenaida.....5317 E. 16th St. (18) (PD)
Mericle, Earl W.....1633 N. Capitol Ave. (02) (P)
Merritt, A. Donald.....I.U. Medical Center (02) (IM)
Mershon, Jack B.....3855 E. 10th St. (01) (PATH)
Mertz, John H. O.....1711 N. Capitol Ave. (02) (U)
Michael, Amos.....Marion Co. Gen. Hosp. (02) (PATH)
Michael, Isaac E...2948 Kessler Blvd., N. Dr. (22) (IM)
Middleton, Harvey N. (S)
1828 N. Illinois St. (02) (IM)
Miller, Frank H.....5506 E. 16th St. (18) (OPH)
Miller, Jerry A.....3202 N. Meridian St. (08) (ANES)
Miller, Jerry R.....I.U. Medical Center (02) (ANES)
Miller, John D. Marion Co. General Hospital (02) (PUD)
Miller, L. Hoyt.....6000 E. 46th St. (26) (GP)
Miller, Roscoe E.....I.U. Medical Center (02) (R)
Mishkin, Fred S.....I.U. Medical Center (02) (R)
Mitchell, George H....6049 E. Washington St. (19) (D)
Moak, Glenn D.....712 Hume Mansur Bldg. (04) (R)
Moe, John F.....3500 Lafayette Rd. (22) (GP)
Moore, Donald F....LaRue D. Carter Hospital (02) (P)
Moore, Harold T.....1815 N. Capitol Ave. (02) (ANES)
Moore, Thomas S.....400 Hume Mansur Bldg. (04) (PS)
Moores, William B.....2205 Durham Dr. (20) (D)
Moran, Thomas E.....7210 Madison Ave. (27) (GP)
Morchan, Samuel.....6221 N. Keystone Ave. (20) (R)
Morgan, Margaret E.....4144 N. Penn. (08) (P)
Morrison, Lewis E..603 Hume Mansur Bldg. (04) (OTO)
Moriarty, John R.....5602 Madison Ave. (27) (GP)
Morse, Robert P.....5316 E. 16th (18) (GP)
Morton, Joseph L.....St. Vincent's Hosp. (08) (R)
Morton, Philip M.....1815 N. Capitol Ave. (02) (P)

Morton, Walter P. (S)
3434 Fall Creek Blvd. (05) (OO)
Mosbaugh, Phillip G.....1711 N. Capitol (02) (U)
Moss, Bobby L.....5310 E. 16th St. (18) (GP)
Moss, Harlan B.....1640 N. Ritter Ave. (18) (GS)
Moss, Herschel C.....1640 N. Ritter Ave. (18) (GS)
Mothersill, Mark H. (S)....3650 College Ave. (05) (A)
Mouser, Robert W.....6201 Park Ave. (20) (GP)
Mullen, James B.....3120 N. Meridian St. (08) (IM)
Muller, Lullus P.....3120 N. Meridian St. (08) (GS)
Muller, Paul F.....3440 N. Meridian St. (08) (OBG)
Muller, Victor H.....2128 N. Meridian St. (02) (PATH)
Murray, Raymond H. ..I.U. Medical Center (02) (IM)
Myers, Charles W. (S)...R. R. 18, Box 256 (24) (OO)

N

Nagan, Robert F.....606 Hume Mansur Bldg. (04) (GS)
Nasser, William K.....I.U. Medical Center (02) (CD)
Nation, Robert D.....6332 Guilford Ave. (20) (GP)
Nay, Richard M.....3524 N. Meridian St. (08) (IM)
Need, David J.....7210 Madison Ave. (27) (PD)
Need, Louis T.....1927 S. Meridian St. (25) (GP)
Need, Richard L.....7216 S. Madison Ave. (27) (IM)
Nester, Henry G.....5324 N. Penn (04) (PH)
Newman, Daniel M.....1711 N. Capitol Ave. (02) (U)
Ng, Anastacio C.....3205 Watergate Rd. (24) (R)
Nicholas, Dennis J.....4365 Wexford (26) (ANES)
Nie, Louis W.....3231 N. Meridian St. (08) (P)
Nohl, John M.....457 N. Emerson Ave. (19) (GP)
Nolin, Richard T.....10455 N. College Ave. (80) (P)
Nolting, Henry F. (S).....5300 W. 96th St. (08) (OO)
Norman, William H. 908 Hume Mansur Bldg. (04) (ORS)
Norris, Max S.....208 Hume Mansur Bldg. (04) (IM)
Nourse, Myron H.....1711 N. Capitol Ave. (02) (U)
Nugent, Edwin J.....6840 N. Delaware St. (20) (OO)
Nurnberger, John I.....I.U. Medical Center (02) (P)

O

O'Brian, Earl J.....3500 Lafayette Rd. (22) (GP)
Ochsner, Harold C.....4565 Cold Springs Rd. (08) (R)
Offutt, Andrew C.....Indiana State Board of Health,
1330 W. Michigan St. (06) (PH)
Olvey, Ottis N.....3231 N. Meridian St. (08) (IM)
Olvey, Stephen E.....630 College Lane (40) (Resident)
Otten, Claude F.....812 C. of C. Bldg. (04) (OM)
Overley, Ross A.....1815 N. Capitol Ave. (02) (P)
Overley, Toner M., Jr.....I.U. Medical Center (02) (P)
Owen, John E. (S).....4429 N. Illinois (08) (GS)
Owens, Tracy C.....2211 A. Rome Dr. (08) (P)

P

Page, Oliver W., Jr.....3151 N. Illinois St. (08) (GS)
Palmer, Robert M.....1255 W. 86th St. (02) (ORS)
Palmer, Robert W.....5398 Hillside Ave. (20) (IM)
Pantzer, John G., Jr....1815 N. Capitol Ave. (02) (PS)
Parker, George F., Jr..1502 N. Emerson Ave. (19) (PDA)
Parker, John F.....6508 E. Washington St. (19) (GP)
Parker, Portia (S).....2226 W. Michigan St. (22) (GP)
Parks, Herbert E.....5533 Overbrook Circle (26) (R)
Parr, Robert L.....3043 E. 38th St. (18) (PD)
Pauszek, Robert B.....6815 Creekside Lane (20) (PD)
Paynter, Morris B.....115 W. Roberts Rd. (17) (GP)
Paz, Juan A.....6056 E. Washington St. (19) (GP)
Ragan, William D.....3400 N. Meridian St. (08) (OBG)
Pearson, John S.....American United Life Ins. Co.,
30 W. Fall Creek Parkway (06) (ADM)
Peck, Franklin B., Jr.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Peirce, James D.
Eli Lilly & Co., 740 S. Alabama St. (06) (OM)
Pell, Donald M.....I.U. Medical Center (02) (Resident)
Perez, Helio C.....1291 W. 86th St. (60) (P)
Petranoff, Theodore V. (S)
515 N. Tibbs Ave. (22) (GP)
Pfaff, Dudley A. (S)
3602 Central Ave., Apt. A-3, (05) (OO)
Phillips, David L.....3400 N. Meridian St. (08) (P)
Pickett, Robert D.....3524 N. Meridian St. (08) (IM)
Pierce, Raymond O., Jr.....Marion Co.
General Hospital (02) (ORS)
Pilcher, Jack E.....36 S. Pennsylvania (04) (GS)
Pile, Stafford W., Jr.....1802 N. Illinois St. (02) (U)
Pittman, John N.....1815 N. Capitol Ave. (02) (CD)
Pontius, Edwin E.....Methodist Hospital (02) (PATH)
Popplewell, Arvine G.
Marion Co. General Hospital (02) (PUD)
Powell, Richard C.....I.U. Medical Center (02) (IM)
Pratt, George B. III.....9084 Dewberry Ct. (60) (R)
Pribble, Robert H.....Community Hospital (19) (PATH)
Price, David W.....Marion Co. Gen. Hosp. (02) (GS)
Price, Francis W.
Eli Lilly & Co., P. O. Box 618 (06) (GP)
Price, James O.....512 Hume Mansur Bldg. (04) (GS)
Proos, John M., III.....5529 Guilford Ave. (20) (GP)
Pryor, Richard C.....6111 College Ave. (20) (GP)

Q

Quigley, Joseph B.....5506 E. 16th St. (19) (OPH)
Quigley, Joseph W.....6332 Guilford (20) (GP)

R

Raber, Robert M.....3266 N. Meridian St. (08) (PS)
Rader, George S.....1815 N. Capitol Ave. (02) (P)
Rafalski, Thomas A.....3120 N. Meridian St. (08) (IM)
Ramage, Walter F.....5440 Shelbyville Rd. (27) (GP)
Ramirez, Efren A.....2422 Station St. (18) (GP)
Ramsey, Frank B..3266 N. Meridian St. #705 (08) (GS)
Rapp, George F.....508 Hume Mansur Bldg. (04) (ORS)
Rawls, George H.....3151 N. Illinois St. (08) (GS)
Ray, Carl S.....RCA Mail Location 27-138,
600 N. Sherman Dr. (01) (OM)
Reed, Thomas E.....1303 N. Arlington Ave. (19) (GP)
Rees, Russel C.....6114 E. Washington St. (19) (GP)
Reid, Charles A.....2445 Shelby St. (03) (OBG)
Reitz, Lawrence A.....3500 Lafayette Road (22) (GP)
Rice, Frederic A., Jr.....7017 Pendleton Pike (26) (GP)
Rice, Raymond D.....1010 E. 86th St. (40) (OBG)
Rice, Raymond M.....7799 E. Holliday Dr. (60) (OO)
Rich, Richard B.....1810 E. 62nd St. (20) (OPH)
Richter, Arthur B...720 Hume Mansur Bldg. (04) (IM)
Ridolfo, Anthony S.
Lilly Clinic, Marion Co. General Hospital (02) (IM)
Riner, Jack K.....5317 E. 16th St. (18) (GS)
Ritchey, James O.....608 Hume Mansur Bldg. (04) (IM)
Ritter, Merrill A.....I.U. Med. Ctr. (02) (ORS)
Ritter, Wayne L.....404 Hume Mansur Bldg. (04) (IM)
Robb, John A.....238 Hume Mansur Bldg. (04) (R)
Robbins, Lewis C.....Methodist Hospital (02) (PMR)
Roberts, Warren C.....2525 Shadeland Ave. (19) (OM)
Robinson, Earle U., Jr.....101 W. 28th St. (08) (OBG)
Rochlin, Isidore.....3202 N. Meridian St. (08) (IM)
Roesch, Ryland P.....5439 Shorewood Dr. (20) (ANES)
Roeske, Nancy A....6815 N. Pennsylvania St. (20) (P)
Rogers, Donald L.....3426 N. Meridian St. (08) (PD)
Rogge, James D.....7216 Madison Ave. (27) (GE)
Rohn, Robert J.....I.U. Medical Center (02) (IM)
Roller, Charles W. (S).....915 Hervey (03) (GP)
Romberger, Floyd T., Jr.
3400 N. Meridian St. (08) (OBG)
Rosenak, Bernard D.....1815 N. Capitol Ave. (02) (IM)
Rosenbaum, Irving, Jr.....401 E. 34th St. (05) (PD)
Rosenberg, Gabriel J.....Methodist Hospital (02) (PD)
Ross, Alexander T.....I.U. Medical Center (02) (N)
Ross, Edward.....1935 N. Capitol Ave. (02) (CD)
Roth, Bertram S.....6358 College Ave. (20) (PD)
Row, D. Hamilton (S).....906 Hume Mansur Bldg.
(04) (OPH)
Rowe, George A.....621 E. 48th St. (05) (Resident)
Ruddell, Karl R. (S)..3202 N. Meridian St. (08) (GS)
Ruddell, Keith R.....3202 N. Meridian St. (08) (GS)
Rudesill, Cecil L. (S)....3941 N. Delaware St. (05) (OO)
Rudesill, Robert L...405 Hume Mansur Bldg. (04) (IM)
Rusche, Herman F.....7516 Bentley Dr. (24) (IM)
Rushmore, Charles H.....240 N. Meridian St. (04) (OM)
Russell, Donald E.....320 N. Meridian (04) (ORS)
Russell, John R.....1815 N. Capitol Ave. (02) (NS)
Rust, Roland B.....3949 Meadows Drive (05) (IM)

Ruth, Martin L. (S).....4304 E. Washington St. (01) (OTO)
Ryan, Glen V.....3500 Lafayette Rd. (22) (GP)

S

Sabens, James A.....8375 Pendleton Pike (26) ((GP)
Sage, Russell A., Jr.....I.U. Medical Center (02) (OTO)
Sage, Russell A. (S)..1944 N. Capitol Ave. (02) (OTO)
Sanders, Fred.....2702 Westlane (60) (GP)
Sanders, Harry M.....4829 E. 38th St. (18) (GP)
Saperstein, Morris.....1815 N. Capitol Ave. (02) (P)
Sato, Takuya.....4475 Clover Dr. (08) (CHP)
Schaffer, Edward V...1815 N. Capitol Ave. (02) (ORS)
Schechter, John S.....3400 N. Meridian St. (08) (IM)
Scheidler, James A.....3519 Catalpa Ave. (08) (IM)
Scheier, Emil W. (S).9220 Vandergriff Rd. (39) (OO)
Schiefer, Hildegard..St. Vincent's Hospital (08) (Intern)
Schlaegel, Theodore F., Jr. I.U. Medical Center (02) (OPH)
Schlegel, Donald M.....1815 N. Capitol Ave. (02) (GS)
Schmalhausen, Ansel W..1815 N. Capitol Ave. (02) (GS)
Schmidt, Loren F.....3266 N. Meridian St. (08) (GS)
Schmoyer, Maurice R..Community Hospital (19) (PATH)
Schneider, Carl J.....1008 N. Beville Ave. (01) (GP)
Schneider, Paul A.....4829 E. 38th St. (18) (ORS)
Schnute, Richard B.....I.U. Medical Center (02) (IM)
Schroeder, James E.....Methodist Hosp. (02) (IM)
Schuchman, Gabriel....3620 N. Meridian St. (08) (GP)
Schumacher, Richard R...3524 N. Meridian St. (08) (IM)
Schuster, Dwight W.....1815 N. Capitol Ave. (02) (P)
Scofield, John B.....3120 N. Meridian St. (08) (P)
Scott, George E.....4110 Roland Rd. (08) (ANES)
Scott, I. Winfield.....3400 N. Meridian St. (08) (PD)
Scott, John R.....6214 Broadway (20) (PD)
Scott, Samuel L.....6325 Guilford Ave. (20) (GS)
Seaman, Charles F.....Community Hospital (19) (IM)
Searight, John L.....1303 N. Arlington Ave. (19) (GP)
Sedam, Herbert L.....4548 College Ave. (05) (GP)
Sellmer, George W.....1221 E. 86th St. (40) (GP)
Sexson, Hiram T.....3201 N. Meridian St. (08) (GP)
Seybert, Thomas C.....5440 E. 38th St. (18) (GP)
Shafer, Marion R...614 Hume Mansur Bldg. (04) (IM)
Shanafelt, Donald K.....1802 N. Illinois St. (02) (OBG)
Shapiro, Burton J.....3620 N. Meridian St. (08) (OPH)
Shelley, Richard J.....5470 E. 16th St. (18) (OBG)
Sherster, Harry.....1135 S. Meridian St. (25) (GP)
Shipley, Edward.....1949 E. 11th St. (01) (CHP)
Shumacker, Harris B., Jr. I. U. Medical Center (02) (CD)
Sicks, Okla W. (S).....607 E. 82nd St. (40) (OO)
Siderys, Harry.....1815 N. Capitol Ave. (02) (TS)
Siebe, Jack C.....4829 E. 38th St. (18) (GP)
Siersdorfer, Theodore N. (S) 5559 W. Morris St. (41) (GP)
Sigmond, Harvey W. 321 Hume Mansur Bldg. (04) (ORS)
Silver, Richard A.....712 Hume Mansur Bldg. (04) (R)
Simmons, James E.....I.U. Medical Center (02) (CHP)
Sims, J. Lawrence.....3949 Meadows Dr. (05) (OTO)
Slichenmyer, Jack E.....3500 Lafayette Rd. (22) (OTO)
Slifer, E. Doyle.....1925 N. Senate (02) (PATH)
Sluss, David H. (S).....808 C. of C. Bldg. (04) (GS)
Small, Iver F.....LaRue D. Carter Hospital (02) (P)
Smith, David E.....7141 Moorgate Rd. (50) (PATH)
Smith, David L. (S).....7979 High Dr. (40) (OO)
Smith, E. Rogers (S) 722 Hume Mansur Bldg. (04) (P)
Smith, Francis C. (S).1102 N. Irvington Ave. (19) (OO)
Smith, Ray C.....5506 E. 16th St. (18) (GS)
Smith, Roy Lee (S)..707 Underwriters Bldg. (04) (U)
Snodgrass, Robert E. 532 Turtle Creek, N. Dr. (27) (P)
Sobat, William S.....1815 N. Capitol (02) (GS)
Stucky, Elsworth K.....1349 Madison Ave. (25) (GP)
Stump, Loyd K.....3949 Meadows Dr. (05) (IM)
Solomon, Reuben A. (S) 36 S. Pennsylvania St. (04) (IM)
Soper, Hunter A.....3524 N. Meridian St. (08) (IM)
Souter, Martha C. (S)..3360 N. Meridian St. (08) (PD)
Sovine, Joe W.....504 Hume Mansur Bldg. (04) (IM)
Spahr, John F., Jr.....3400 N. Meridian St. (08) (OBG)
Spalding, Joseph J..706 Hume Mansur Bldg. (04) (OPH)
Sparks, Alan L...1024 Hume Mansur Bldg. (04) (OTO)
Spears, John M.....7046 Madison Ave. (27) (PD)
Spolyar, Louis W.....Indiana State Board of Health, 1330 W. Michigan St. (06) (PH)
Spurgeon, Charles H.....1481 W. 10th St. (02) (N)
Sputh, Carl B., Jr.....5506 E. 16th St. (18) (OTO)
Stadler, Harold E.....41 N. Shortridge Rd. (19) (PD)
Stansbury, William E.....5601 E. 21st St. (18) (GP)
Stayton, Chester A., Jr. 313 Hume Mansur Bldg. (04) (R)
Steger, Byron L.....5241 Marott Ct. (26) (AM)
Steinmetz, Edward F.....3266 N. Meridian (08) (CD)
Stephens, Donald E.....1440 E. 46th St. (05) (GP)
Stephens, Kuhrman H. 501 Hume Mansur Bldg. (04) (OPH)
Stevens, Sydney L.....1802 N. Illinois St. (02) (OTO)
Stoelting, Vergil K...I.U. Medical Center (02) (ANES)
Stone, Alvin T.....6202 College Ave. (20) (GP)
Stone, David F..Eli Lilly & Co., P.O. Box 618 (06) (SR)
Storer, William R.....3266 N. Meridian St. (08) (IM)
Storey, D. Edmund.....1010 E. 86th St. (40) (IM)
Stouder, Stephen R.....St. Vincents Hosp. (08) (GE)
Strang, William C.....1815 N. Capitol Ave. (02) (P)
Streeter, Ralph T.....3131 E. 38th St. (18) (OBG)
Strickland, James W...3266 N. Meridian St. (08) (ORS)
Strickland, Neil R.....5506 E. 16th St. (18) (OBG)
Stump, Thomas A...Community Hospital (19) (PATH)
Suelzer, John G.....3266 N. Meridian St. (08) (ORS)
Suess, Robert E.....2206 N. Arlington Ave. (18) (IM)
Sullivan, James J...St. Vincent's Hospital (08) (PATH)
Summerlin, Jack D....3351 N. Meridian St. (08) (OTO)
Surratt, Mary Norris.....1010 E. 86th St. (40) (OPH)
Sutton, William E.....5807 Brockton Dr. (20) (U)
Swan, John R.....915 Hume Mansur Bldg. (04) (OTO)
Symmes, Alfred T.....1010 E. 86th St. (40) (IM)
Szynal, John S.....2811 E. 46th St. (05) (GS)

T

Talbott, Dan E.....6470 N. Michigan Rd. (68) (OO)
Taube, Jack I.....214 Hume Mansur Bldg. (04) (OPH)
Tavel, Morton E.....1935 N. Capitol Ave. (02) (IM)
Taylor, Clifford C.....Community Hospital (19) (R)
Taylor, Frederic W.....3524 N. Meridian St. (08) (GS)
Taylor, Robert L.....6366 W. 35th Place (24) (GS)
Taylor, Willis D.....Ford Motor Co., P.O. Box 19106 (19) (OM)
Teague, Frank W..1021 Hume Mansur Bldg. (04) (ORS)
Teixler, Victor A...818 Hume Mansur Bldg. (04) (OPH)
Tepfer, Milton.....4746 Jennys Rd. (08) (ANES)
Test, Charles E.....1006 Hume Mansur Bldg. (04) (IM)
Teter, George V.....1221 E. 86th St. (40) (PD)
Tether, Joseph E.....208 Hume Mansur Bldg. (04) (IM)
Tharpe, Ray G.....3202 N. Meridian St. (08) (GS)
Thatcher, Hugh K., Jr.....4548 College Ave. (05) (GP)
Thoman, Rex L.....1815 N. Capitol Ave. (02) (IM)
Thomas, Charles R. 3240 Rue Chanel, #154 (27) (OBG)
Thomas, E. Paul.....3540 N. Illinois St. (08) (A)
Thomas, Fred A. (S)....5827 Broadway (20) (ANES)
Thomas, Lowell I.....1815 N. Capitol Ave. (02) (ORS)
Thomas, Morris E.....1802 N. Illinois St. (02) (IM)
Thompson, John V.....7899 Ridge Rd. (40) (TS)
Thompson, Joseph F.....I.U. Medical Center (02) (OBG)
Thompson, Lewis W.....I.U. Medical Center (02) (PS)
Thompson, Paul D. 423 Hume Mansur Bldg. (04) (OPH)
Thompson, Wayne H.....5470 E. 16th St. (18) (GS)
Thornton, Harold C.....301 E. 38th St. (05) (PATH)
Throop, Frank B....3266 N. Meridian, #508 (08) (ORS)
Tindall, George T.....1566 N. Downey Ave. (19) (GP)
Tinsley, Walter B., Jr.....8432 W. 85th St. (08) (GP)
Tinsley, Walter B. (S).....5638 Broadway (20) (OO)
Tondra, John M.....400 Hume Mansur Bldg. (04) (PS)
Torrella, Jose A.....5324 W. 16th St. (24) (GP)
Toumey, Fred L.....1802 N. Illinois St. (02) (OTO)
Townley, Normand T. 3202 N. Meridian St. (08) (ANES)

Trudgen, Spencer F.....1010 E. 86th St. (40) (OBG)
Trusler, H. Marshall.408 Hume Mansur Bldg. (04) (PS)
Tuchman, Joseph H.....2040 E. 46th St. (05) (GP)
Tucker, Warren S...414 Hume Mansur Bldg. (04) (PUD)
Tyner, Harlan H.....3202 N. Meridian St. (08) (OPH)

U-V

Ullom, Ralph B.....3524 N. Meridian St. (08) (IM)
Van Campen, Warren M.
3524 N. Meridian St. (08) (ANES)
Vandivier, James M...209 Hume Mansur Bldg. (04) (IM)
Vandivier, Robert M.....3270 Tara Court W. (54) (IM)
Van Dorn, Myron J.....2165 Weslynn Dr. (08) (ANES)
Van Fleet, Josephine.....Indiana State Board of Health, 1330 W. Michigan St. (06) (PATH)
Van Hove, Eugene D....7816 Windcombe Blvd. (40) (R)
Van Meter, C. Powell.....3419 E. 10th St. (01) (GP)
Van Tassel, Charles J., Jr.
709 Hume Mansur Bldg. (04) (U)
Van Vactor, Helen D...1815 N. Capitol Ave. (02) (IM)
Vollrath, Victor J.....5202 N. Illinois St. (08) (GP)
Von Der Haar, Gerard.....6919 E. 10th St. (19) (GP)
Vore, Robert E.....5350 Marmon Circle (26) (ANES)

W

Wagner, Virginia M.....I.U. Medical Center (02) (PD)
Wahle, William M.....1710 Brewster Rd. (40) (PATH)
Waife, S. O..Eli Lilly & Co., 740 S. Alabama (06) (IM)
Wainscott, Clinton S., Jr.
1303 N. Arlington Ave. (19) (ORS)
Waldo, J. Thayer (S).....3989 Meadows Dr. (05) (GS)
Walther, Joseph E.....3202 N. Meridian St. (08) (IM)
Walton, William M.....1802 N. Illinois St. (02) (U)
Ward, Wesley C.....5130 N. Meridian St. (08) (GP)
Warneke, Charles H...1815 N. Capitol Ave. (02) (ORS)
Warner, Theodore M., II..Methodist Hosp. (02) (PATH)
Warriner, James B.....1012 N. Emerson Ave. (19) (IM)
Warvel, John H., Jr.....1010 E. 86th St. (40) (IM)
Washington, Wilbert.....2142 N. Capitol (02) (OPH)
Weaver, Dorothy E.....2900 N. Shadeland (19) (IM)
Webb, Michael K.....3902 Eisenhower Dr. (54) (OBG)
West, Joseph L.....6714 Rockville Rd. (24) (GP)
Westfall, B. Kemper.....668 E. 38th St. (05) (GP)
Wheeler, David E.....Community Hospital (19) (R)
Wheeler, Edward C.....3500 Lafayette Rd. (22) (R)
White, Donald J.....3524 N. Meridian St. (08) (A)
White, Douglas H.....3524 N. Meridian St. (08) (IM)
White, John B., Jr.....1815 N. Capitol Ave. (02) (ORS)
Widdifield, G. E....532 Turtle Creek, N. Dr. (27) (GP)
Wilbrandt, Hans R.....5324 W. 16th St. (24) (OPH)
Wilkens, Irvin W.....State Office Bldg. (04) (OO)
Williams, Harold W.....6000 E. 46th St. (26) (GP)
Williams, Howard S.....Community Hospital (19) (IM)
Williams, Hugh L.....4829 E. 38th St. (18) (ORS)
Williams, Paul D.....35 Meridian Lane (20) (P)
Wilson, Fred M.....I.U. Medical Center (02) (OPH)
Wirey, Harold R.....7377 S. Madison Ave. (27) (GP)
Wise, William R.....2372 Lafayette Rd. (22) (GP)
Wishard, William N., Jr..1711 N. Capitol Ave. (02) (U)
Woerner, Jean.....3266 N. Meridian St. (08) (PUD)
Woerner, Thomas E.....3266 N. Meridian St. (08) (IM)
Wolf, Harry C.....8545 Northcrest Court (60) (GP)
Wolfram, Don J.....3 Virginia Ave. (04) (ADM)
Wood, Donald E.....6325 Guilford Ave. (20) (IM)
Woodard, Abram S., Jr.....668 E. 38th St. (05) (GP)
Woolling, Kenneth R..230 Hume Mansur Bldg. (04) (IM)
Worley, Joseph P...5839 E. Washington St. (19) (GP)
Wray, James B.....I.U. Medical Center (02) (ORS)
Wrege, Malcolm L.....1502 N. Emerson Ave. (19) (GS)
Wright, James J.....Marion Co. General Hosp. (02) (P)
Wright, J. William, Jr.....5506 E. 16th St. (18) (OTO)
Wunsch, Charles M.....5506 E. 16th St. (18) (CD)
Wyttenbach, John E.....932 Illinois Bldg. (04) (GS)

Y

Yacko, Michael L.....5350 E. 38th St. (18) (ANES)
Yingling, Robert J.....Community Hospital (19) (R)
Young, John E.....4829 E. 38th St. (18) (ORS)
Young, John M.....4535 Marcy Ln. (05) (OO)
Young, John T.....3151 N. Illinois St. (08) (PD)

Z

Zell, Evertson H.....812 C. of C. Bldg. (04) (GS)
Zeman, Ruth E.....3266 N. Meridian St. (08) (P)
Zerfas, Phyllis K.....11702 Maze Rd. (59) (OO)
Zimmer, John F.....1221 E. 86th St. (40) (PD)
Zook, Elvin G.....1136 Frederick, S. Dr. (60) (PS)

Out of State

Ashwood, Edward L.....322 Molasses Lane Mt. Pleasant, S.C., (29464) (Military)
Bolinger, Garry L.....5063-C Broughton Place, Dayton, O. (45431) (PATH)
Bruetsch, Walter L. (S).....2663 Tallant Rd., Santa Barbara, Calif. (93105) (P)
Chandler, Leon H.....Elmendore AFB, Anchorage, Alaska (ANES)
Close, Gerald A.....Cando, N. Dakota (58324) (GS)
Cullen, P. Kent, Jr.....Sansum Medical Clinic, 317 W. Pueblo St., Santa Barbara, Calif. (93102) (GS)
Daniel, John C. (S).....531-B Via Estrada, Laguna Hills, Calif. (92653) (OO)
Dettmer, Robert W.....523 Cliff Pl., Birmingham, Ala. (35209) (Resident)
Dirks, Kenneth R.....Research Div., U.S. Army Med. Res. & Dev. Comm., Washington, D.C. (20314) (PATH)
Ferree, Mary Mericle.....Tripler General Hosp., APO, San Francisco, Calif. (96438) (P)
Gabe, William E. (S).....61 Heather Lane, Orindo, Calif. (94563) (OO)
Genna, Mary M.....11801 W. Indian Trail, Hale's Corners, Wis. (53130) (OO)
Hazelrigg, Donald E.....313 Tact. Hosp. Forbes AFB Topeka, Kan. (IM)
Henderson, Francis G.....Box 188 R. R. 6 Three Rivers, Mich. (49093) (IM)
Hilz, James M...3645 Greenbrier, Ann Arbor, Mich. (TS)
Hurt, LaVerne B. (S).....3102 Palm Ave., Delray Beach, Fla. (33444) (OO)
Janicki, Robert S.....Abbott Laboratories, N. Chicago, Ill. (60064) (SR)
Kane, Jack L.....A-12 Madison MCAS, Cherry Point, N.C. (28533) (Military)
Kay, John B.....NAS Med. Dept., Naval Air Station FPO, San Francisco (96617) (Military)
Lawler, George F. (S).....1303 Dartmouth Dr. Bradenton, Fla. (33505) (GP)
Lehman, Evan L.....601 Orion Dr., Colorado Springs, Colo. (80906) (Military)
Locke, Robert A....Anesthesia Dept., 2nd General Hosp., APO New York (09696) (Military)
McIntosh, John E.....12130 Bath Court, Cincinnati (45241) (ANES)
Montgomery, W. Foster.....% Bogota, State Department, Washington, D.C. (20521) (Military)
Moser, Rollin H. (S).Land O'Lakes, Wis. (54540) (OO)
Myers, Roy V. (S).....7710 Beta Circle, West Palm Beach, Fla. (33406) (OO)
Pearson, Lyman R. (S).....1881 Ridgeway Dr., Clearwater, Fla. (33515) (OO)
Peck, Franklin B. (S).....5858 W. Lazy S, Tucson, Ariz. (85713) (SR)
Reed, Philip B.....6170 Central Ave., St. Petersburg, Fla. (33707) (P)
Ricketts, Joseph W. (S).....136 Magnolia Dr., Orman Beach, Fla. (32074) (OO)
Rigg, John F. (S).....131 Gulf Stream Rd. N. Palm Beach, Fla. (33403) (OO)
Riley, Paul D.....3719 Windom Dr. Washington D.C. (20016) (Military)
Rogers, Thomas P. (S).....6142 La Pintura Dr., La Jolla, Calif. (92037) (OO)
Rowe, Geo. A.....Redstone Arsenal Huntsville, Ala. (35809) (Military)
Rudolph, Stephen J., Jr.....3533 Hawthorne Dr. Dover, Del. (19901) (Military)
Rust, Byron K.....1325 Hidden Harbor Way, Sarasota, Fla. (33581) (OO)

Sage, Jr., Russell A.....Tactical Hosp. TAC Canon AFB N. Mex. (88101) (Military)
Schuman, Harvey A.....Sandia Base Army Hosp., Albuquerque, N.M. (87115) (Military)
Snider, Byron (S)....R. R. 1, Box 963, Escondido, Calif. (92025) (OO)
Tanner, Henry S.....301 W. Crawford St. Paris, Ill. (61944) (ORS)
Thomas, Michael H.....Base Hospital, Box 275, Chanute AFB, Ill. (61866) (Military)
Trusler, Harold M. (S).....3320 Thornton Lane, Holly Oakes, Apt. J-1, Temple, Texas (76501) (PS)
Winters, Peter L.....2991 School House Lane, Philadelphia, Pa. (19144) (Resident)
Woehler, Thomas R.....265 Pennsylvania Blvd., Pittsburgh, Pa. (15228) (Intern)
Ziperman, H. Haskell.....HQ Martin Army Hospital, Ft. Benning, Ga. (31905) (Military)

MARSHALL COUNTY

Coursey, James O., Jr.....Argos (46501) (GP)
Hampton, James N.....Argos (46501) (GP)
Swihart, John J.....Argos (46501) (PATH)
Connell, Vactor O.....Bourbon (46504) (GP)
Kemp, W. Alfred.....Bourbon (46504) (GP)

Bremen

(*Zip Code* 46506)

Bowen, Otis R.....304 N. Center St. (GP)
Burket, Cecil R.....424 W. South St. (GP)
Cripe, Earl P.....119 N. Center St. (GP)
Schreiner, John E.....201 E. Plymouth (GP)
Stine, Marshall E.....424 W. South St. (GP)

Culver

(*Zip Code* 46511)

Deery, Michael F.....921 Lake Shore Dr. (GP)
Faulkner, Donald J.....1002 Academy Rd. (GP)
Tennant, David.....CMA Box 98 (GP)

Rosero, M. George.....Kewanna (46939) (GP)

Plymouth

(*Zip Code* 46563)

Aluning, Pastor D.....1223 N. Center (GS)
DeJesus, Jose R., Jr.....120 W. Washington St. (IM)
France, Lloyd C.....1223 N. Center St. (GS)
Guild, John K.....116 E. Washington St. (GP)
Kubley, James D.....304 N. Walnut St. (GP)
Peterson, Ronald L.....116 E. Washington St. (GP)
Reed, Robert G., Jr.....235 Hogarth (PATH)
Rimel, James F.....1223 N. Center St. (GS)
Robertson, James S.....304 N. Walnut St. (GP)
Stoller, Harry J.....109 N. Walnut St. (GP)
Ylagan, Louie.....1223 N. Center (ANES)

MARTIN COUNTY

(See Daviess-Martin)

MIAMI COUNTY

Gaboya, Ruben R.....Bunker Hill (46914) (IM)
Sixbey, Maurice D.....Denver (46926) (GP)
Sennett, William K.....Macy (46951) (GP)

Peru

(*Zip Code* 46970)

Farag, Rafik S.....19 Farview (GP)
Ferrara, Donald W.....18 W. Fifth St. (GS)
Ferrara, Samuel J.....18 W. Fifth St. (GS)
Guthrie, James U.....331 W. Third St. (GS)
Hill, Lloyd L.....302 N. Duke St. (GP)
Rendel, Harold E.....302 N. Duke St. (GP)
Reyes, Diego C.....15 S. Wabash St. (GP)
Snyder, Parker W.....302 N. Duke St. (GP)

Malouf, Stephen D. (S).....P. O. Box 457, Bloomington, Ill. (61701) (GS)

MONROE COUNTY

(See Owen-Monroe)

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Alexander, Stephen J.....Box 367 (OPH)
Bahler, Dean R.....1009 Sloan St. (GP)
Byllesby, Joyce E.....Box 111 (PATH)
Daugherty, Fred N. (S).....120 W. Pike St. (GP)
Dodds, Wemple.....Culver Hospital (R)
Eggers, Richard R.....120 W. Pike St. (GP)
Haller, Thomas C.....411 Tinsley Ave. (GS)
Howland, Carl B.....Box 506 - Green Acres (GP)
Humphreys, John W.....312 Jones St. (GP)
Kirtley, James M.....Box 506 - Green Acres (GP)
Ludwig, Paul E.....408 W. Market St. (OPH)
Millis, Samuel C.....Box 506 - Green Acres (GP)
Peacock, Norman F.....219 Ben Hur Bldg. (OTO)
Shannon, Wesley E.....115 Ward St. (GP)
Stephens, James P.....115 Ward St. (GP)
Viray, Victoriano G.....804 N. Drive (GS)

Blix, Fred M.....Ladoga (47954) (GP)
Kindell, Hurschell D.....New Richmond (47967) (GP)
Richards, Edgar E.....Russellville (46175) (GP)
Thompson, Claude N.....Waynetown (47990) (GP)

Parker, Carl B.....Wingate (47994) (IM)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Robert E.....Sunnyside Dr. (R)
Drake, Ellery T.....P. O. Box 110 (GS)
Eisenberg, David A.....Box 310 (GP)
Gray, Leon (S).....171 E. Washington St. (GS)
Jones, William H.....1410 E. Columbus St. (GP)
Miller, Ray D.....546 N. Lincoln St. (GP)
Ostheimer, George.....Sunnyside Dr. (GP)
Pitkin, McKendree C. (S)..Home Lawn Sanitarium (GP)
Tuason, Leo B.....Sunnyside Dr. (ANES)
Turner, Maurice A.....10½ N. Main St. (ANES)
Van Wienen, John.....60 W. Morgan (GP)
Willan, Horace R. (S).....109 S. Jefferson St. (GP)
Winter, William P.....1390 E. Columbus (GP)

Mooresville

(*Zip Code* 46158)

Comer, Kenneth E.....R. R. 2, Box 444 (PR)
Kendrick, William M.....130 Indiana St. (PR)
Kourany, Edgar.....320 N. Indiana St. (GP)
Kourany, Oscar.....320 N. Indiana St. (GP)
Van Bokkelen, Robert W.....320 N. Indiana St. (GP)

Steele, Lowell R.....4417 Blackstone Court Bloomington (47401) (GS)
Wilson, Oliver R. Box 525, Morgantown (46160) (GP)
Miller, Robert J.....Paragon (46166) (GP)
Steele, Lowell R...4417 Blackstone Ct., Bloomington (GS)

NEWTON COUNTY

Schoonveld, Arthur.....Brook (47922) (GP)
Parker, John C.....Goodland (47948) (GP)
Imperial, Benjamin E.....Kentland (47951) (GP)
Kresler, Leon E...101 N. 4th St., Kentland (47951) (GP)
Guzman, Marcelino F.....Morocco (47963) (GS)

NOBLE COUNTY

Bowman, Charles N.....Albion (46701) (GP)
Fitzkee, William E.....Albion (46701) (GP)
Greenlee, Joseph A., Jr.....Avilla (46710) (GP)
Sneary, Max E.....Avilla (46710) (GP)

Kendallville

(*Zip Code* 46755)

Bryan, Robert E.....705 N. State St. (GP)
Hepner, Herman.....705 N. State St. (GP)
Messer, Frank W. (S).....115 E. Rush St. (GP)
Stallman, Carl F.....409 E. Wayne St. (GP)

Ligonier
(*Zip Code* 46767)

Hooker, Donald J.....104 S. Main St. (GP)
Stone, Robert C.....405 S. Cavin St. (GP)

Fipp, August L. (S).....Rome City (46784) (GP)
Pulskamp, Bertrand H. (S)..Wolcottville (46795) (GP)

OHIO COUNTY

(See Dearborn-Ohio)

ORANGE COUNTY

Hagan, Marion L.....French Lick (47432) (GP)
Sugarman, Benjamin E.....French Lick (47432) (GP)
Hodgin, Phillip T.....Orleans (47452) (GP)
Schoolfield, William E.....Orleans (47452) (GP)
Clark, Ivan A.....Paoli (47454) (GP)
McCalla, Charles X.....Paoli (47454) (GP)
Spears, John K.....Paoli (47454) (GP)

OWEN-MONROE COUNTY

Bloomington
(*Zip Code* 47401)

Anderson, Wm. R.....421 W. First St. (OBG)
Baxter, Neal E.....306 E. Fifth St. (IM)
Bidney, Evelyn B.....321 S. Jordan Ave. (GP)
Bomba, Brad J.....515 Woodcrest Dr. (GP)
Booze, James H.....711 W. Second (ORS)
Borland, Raymond M. (S).....R. D. 3, Box 51 (GP)
Buckingham, Richard E.....Box 415 (GP)
Campbell, William T.....314 E. Seventh St. (GP)
Cofield, Donald D.....351 S. Lincoln St. (OPH)
Crane, David G.....409 E. 4th St. (OO)
Creek, Jean A.....1421 Sare Rd. (GP)
Cureton, Edw. E.....619 W. First St. (OO)
Dalton, Naomi L.....2307 E. Second St. (ANES)
Ellis, Charles R.....Bloomington Hospital (PATH)
Emery, Charles B., Jr.....711 W. Second (ORS)
Estes, Ambrose C.....400 E. Third St. (GS)
Farr, James C.....405 E. Fourth St. (IM)
Fowler, R. Ross.....104 N. Grant St. (GP)
Fugelso, Erling S.....207 Heritage Rd. (IM)
Geiger, Dillon D.....115 S. Lincoln St. (OTO)
Greenlee, James R.....4216 Sheffield Dr. (AM)
Hammer, Jay W.....1323 E. First St. (R)
Hardtke, Eldred F.....2305 E. Third St. (P)
Hensley, Kevin C.....351 S. Lincoln St. (GP)
Hepner, Herman S. (S).....Box 546 (OPH)
Holland, Philip T.....406 S. College Ave. (GS)
Holtzman, Paul W.....113 S. Lincoln St. (IM)
Houshmand, Cyrus.....619 W. First St. (GS)
Howard, James T.....619 W. First St. (OBG)
Howard, William F.....619 W. First St. (OBG)
Hrisomalos, Frank N.....306 E. Kirkwood Ave. (GP)
LaFollette, James W.....1920 E. Third St. (GP)
Lewis, George N.....619 W. First St. (IM)
Ley, Glen D.....400 E. Third St. (IM)
Link, William C.....314 W. First St. (GP)
Lundblad, Wilfred M.....717 W. First St. (IM)
Lyons, Robert E.....P. O. Box 278 (IM)
McClary, Charles W.....1920 E. Third St. (GP)
McIntire, Clarence R.....Box 1149 (R)
McKeen, Charles L.....619 W. First St. (GS)
Manifold, Harold M.....1920 E. Third St. (GP)
Marchant, Clarence H.....350 S. College Ave. (OTO)
Mather, Glenn B.....Bloomington Hospital (PATH)
Megremis, Theodore L.....Box 1149 (R)
Middleton, Thomas O.....411 W. Howe St. (PD)
Milan, Joseph F.....711 W. Second St. (GS)
Miller, John M.....600 N. Jordan St. (ADM)
Mitchell, James.....314 E. Seventh St. (GP)
Morford, Guy.....314 E. Seventh St. (ANES)
Owens, Walter L.....421 W. 1st (OBG)
Pizzo, Anthony.....Bloomington Hospital (PATH)
Poolitsan, George C.....407 N. Walnut St. (GP)
Ramsey, Hugh S.....619 E. First St. (GP)
Ratts, Larry D.....1920 E. Third St. (GP)
Ray, James A.....1805 E. 10th St. (GP)
Rezvan, Nader.....206 Rusgan St. (U)
Rieger, I. Taylor.....619 W. First St. (U)
Robinson, Robert D.....Bloomington Hosp. (IM)
Robison, Roger F.....619 W. First St. (IM)
Rollins, Thomas K.....114 E. Seventh St. (GP)
Ross, Ben R. (S).....314 E. Seventh St. (GP)
Ross, James B.....314 E. Seventh St. (ANES)
Ruff, Jerard G.....619 W. First St. (PD)
Schaffer, James J.....717 W. First St. (PD)
Schell, H. Richard.....711 W. Second St. (OBG)
Schilling, Richard J.....711 W. Second St. (GS)
Schultheis, Richard L.....Maple Grove Rd. (GP)
Seagle, William C.....111 E. Ninth St. (ORS)
Shahbahrami, Farrokh.....619 W. First St. (GS)
Sibbitt, Joseph W.....115 S. Lincoln St. (OTO)
Smith, Herschel S.....P. O. Box 667 (OPH)
Spencer, Beaufort A.....114 N. Lincoln (A)
Stangle, William J.....Bloomington Hosp.(R)
Stoner, Harold E.....409 E. Fourth St. (P)
Surian, Michael A.....711 W. Second St. (U)
Taraba, Ralph W.....211 E. Martha St. (IM)
Thurston, Floyd E.....600 N. Jordan St. (GP)
Topolgus, James N.....403 N. Walnut St. (GP)
Wass, Robert W.....321 W. 2nd St. (D)
Way, James A.....2315 E. Third St. (OPH)
Wenzler, Paul J.....3901 E. Third St. (GP)
White, John P., Jr.....115 S. Lincoln St. (OTO)

Macatangay, Edelino L.....Ellettsville, Ind. (OO)

Spencer
(*Zip Code* 47460)

Brown, Marcel S.....53 W. Market St. (GP)
Kay, Oran E. (S).....Main & Morgan Sts. (GP)
Rose, Robert E.....P.O. Box 721,
Spencer Medical Clinic (GP)

PARKE-VERMILLION COUNTIES

Goodrum, William R.....Cayuga (47928) (GP)

Clinton
(*Zip Code* 47842)

Evans, Frederick J.....242 S. Third St. (GP)
Herzberg, Milton.....222 Elm St. (GP)
Montecillo, Antolin M.....257 Walnut St. (GP)
Somerville, John W.....225 Elm St. (OM)

Webb, Lawrence C.....Dana (47847) (GP)
Britton, Welbon D.....Montezuma (47862) (GP)

Rockville
(*Zip Code* 47872)

Bloomer, Richard S.....115 N. Market St. (GP)
Dowell, Emil H. (S).....Parke Hotel Bldg (GP)
Harstad, Casper (S).....216 W. High St. (GP)
Noblitt, James S. (S).....Rockville (PUD)
Swaim, J. Franklin.....111 N. Market St. (GP)

Fell, Robert M.....Rosedale (47874) (GP)
Greene, Frederick G. (S).....Seelyville (47878) (OO)
Kempf, Gerald F. (S).....3032 Sears Road,
Spring Valley, Ohio (45370) (IM)

PERRY COUNTY

Bush, Hargis R. (S).....Cannelton (47520) (GP)
Gilbert, Robt. G.....Cannelton (R)

Tell City
(*Zip Code* 47586)

Lohoff, Lewis C.....507 Main St. (GP)
Neifert, Noel L.....507 Main St. (GP)

Ress, Gene E.....507 Main St. (GP)
Smith, Fred, Jr.....507 Main St. (GP)
Ward, Robert A.....507 Main St. (GP)

PIKE COUNTY

Petersburg
(*Zip Code* 47567)

Hall, Donald L.....7th & Poplar Sts. (GP)
Omstead, Milton.....110 S. Sixth St. (GP)

PORTER COUNTY

Rabelo, John S. Box 434, Beverly Shores (46301) (ANES)

Chesterton
(*Zip Code* 46304)

Forchetti, John A.....700 S. Calumet (GP)
Griffin, Joseph P.....419 S. Jackson Blvd. (D)
Hall, Thomas C.....621 Broadway (GP)
Harless, Clarence M. (S).....123 W. Indiana (GP)
Hull, Joel I.....616 Chestnut Blvd. (GP)
Read, John E.....700 S. Calumet (OPH)
Robertson, William C.....600 E. Morgan (ANES)
Shields, Duncan M.....219 Dogwood Dr. (OM)
Woodward, William M.....20 Crest Dr. (IM)

Gary

Blando, Uldarico B.....6101 Birch Ave. (46403) (R)
Cohen, Hyman L.....1600 W. 6th Ave., (46402) (N)
Poracky, Bernard F.....5598 Van Buren (46410) (R)

Barros, Paul R.....Hobart (OPH)
Kingma, Roy E.....DeMotte (46310) (GP)
Sun, Chen T.....Hebron (46341) (GP)

Portage
(*Zip Code* 46368)

Carlson, Milton R.....14000 Central (GP)
Crise, John R.....2674 Portage Mall (GP)
Farahmand, Firouz.....2674 Portage Mall (PD)
Hoham, Frederick D.....2674 Portage Mall (GP)
Kilmer, Warren L.....2674 Portage Mall (GS)
Lands, Robert M.....Saturn Ln. (GP)
Sturdevant, Frank M.....2674 Portage Mall (OBG)
Tetrick, Lain.....National Steel Corporation (OM)

Valparaiso
(*Zip Code* 46383)

Altuna, Raquel.....Porter Memorial Hospital (ANES)
Armalavage, Leon J.....802 LaPorte Ave. (ORS)
Brown, James R.....1005 Campbell St. (U)
Covey, Thomas J.....R. 7, Box 344A (PD)
Davis, Carl M. (S).....202 Indiana Ave. (GP)
DeGrazia, Eugene J.....810 LaPorte Ave. (GS)
Dittmer, Jack E.....60 Jefferson St. (GP)
Dittmer, Thomas L.....60 Jefferson St. (GP)
Evans, Daniel R.....1101 E. Glendale Rd. (OPH)
Frank, John R. (S).....23 Lincolnway (OTO)
Gold, Marvin E.....1005 Campbell St. (ORS)
Green, Leonard J.....1005 Campbell St. (GP)
Griffin, Charles G.....1101 E. Glendale Rd. (GS)
Hansen, Nikolas F.....1101 E. Glendale (GS)
Kimmel, Louis E.....R. R. 4, Box 190D (GS)
Kobak, Alfred J., Jr.....1101 E. Glendale Rd. (OBG)
Koenig, Robert L.....1101 E. Glendale Rd. (GP)
Ku, Marshall.....802 LaPorte (PD)
Lee, Robert Y.....808 Lincolnway (GP)
McBride, William.....Porter Memorial Hosp. (PATH)
McClure, Clark T.....Porter Memorial Hosp. (GP)
Makovsky, Theodore.....1005 Campbell St. (GP)
Moayad, Cyrus.....1101 E. Glendale Rd. (OTO)
Noonan, Leo C.....7 Napoleon St. (GP)
O'Neill, Martin J., Jr....1101 E. Glendale Rd. (Military)
O'Neill, Martin J.....1101 E. Glendale Rd. (GP)
Ong, Tiong G.....1005 N. Campbell St. (GP)
Pangan, Zanita S.....802 LaPorte Ave. (OBG)
Poncher, John R.....1101 E. Glendale Rd. (PD)
Riordan, John F.....Porter Memorial Hosp. (ANES)
Scheimann, Lois.....702 Lincolnway (D)
Stoltz, Robert M.....810 LaPorte Ave. (GP)
Tufekcioglu, Erdogan.....802 LaPorte Ave. (R)
Vietzke, Paul C. F. (S).....1005 Campbell St. (GS)
Wu, Stewart.....802 LaPorte Ave. (GS)

Gordon, Joseph L. (S).....Wheeler (46393) (GP)

POSEY COUNTY

Ropp, Harold E.....New Harmony (47631) (GP)
Woods, Arba L. (S).....R. F. D. #2, Owensville (47565) (GP)
Boren, Paul R.....Poseyville (47633) (GP)

Mount Vernon
(*Zip Code* 47620)

Crist, John R.....745 E. 2nd St. (GP)
Hirsch, Herman L.....130 W. Fifth St. (GP)
Vogel, L. John.....722 Main St. (GP)

PULASKI COUNTY

Winamac
(*Zip Code* 46996)

Halleck, Harold J.....119 W. Main St. (GP)
Heinsen, Charles E.....613 Tippecanoe Dr. (GP)
Hollenberg, Edward L.....613 Tippecanoe Dr. (GP)
Thompson, William R.....111 N. Monticello (GP)

PUTNAM COUNTY

Veach, Lester W. (S).....Bainbridge (46105) (GP)
Veach, Richard L.....Bainbridge (46105) (GP)
Ellett, John, Jr.....Coatesville (46121) (GP)
Vieira, Thomas J.....Coatesville (46121) (GP)
Smith, A. Wilson.....1901 Taylor Road Columbus (47201) (IM)

Greencastle
(*Zip Code* 46135)

Dettloff, Frederick R.....407 Melrose Ave. (GP)
Fuson, Wenfred J.....314 Redbud Lane (GP)
Haggerty, Fred E.....600 N. Arlington (GP)
Hannon, Edward J.....407 Melrose Ave. (GP)
Jacobs, Rene M.....109 S. Vine St. (GP)
Johnson, James B.....314 High Fall (GP)
Lett, James C.....239 Hillsdale (GS)
Marvel, Robert J.....600 N. Arlington (IM)
Nichols, Anne Sackett.....600 N. Arlington (GP)
Roof, Roger S.....DePauw Health Service (GP)
Schauwecker, Cleon M.....239 Hillsdale Ave. (GS)
Steele, Dick J.....Alamo Bldg. (GP)
Tipton, William R.....103 Northwood Blvd. (GP)
Wiseman, V. Earle (S).....239 Hillsdale Ave. (GS)

RANDOLPH COUNTY

Nixon, Byron (S).....Farmland (47340) (GP)
White, Harvey E.....Farmland (47340) (GP)
Jordan, Leo E.....Lynn (47355) (GP)
Shallenberger, Henry R.....Modoc (47358) (GP)
Quiambao, Hector S.....Ridgeville (47380) (OBG)

Union City
(*Zip Code* 47390)

Chambers, Carol R.....Chambers Medical Clinic (GP)
Chambers, Leroy B.....Chambers Medical Clinic (GP)
Landon, David J.....R. R. 2 (GP)
Phipps, Leland K. (S).....R. R. 1, Box 63A (GP)
Pyle, Susan K.....1150 N. Columbia (GP)
Reid, Robert W. (S).....726 W. Division St. (R)
Wagoner, B. D.....R. R. 2 (GP)

Winchester
(*Zip Code* 47394)

Dininger, William S. (S).....303 S. Main St. (GP)
Koch, Howard W.....208 E. Washington St. (GP)
Painter, Lowell W.....124 E. Franklin St. (GP)
Slick, Crystal R.....512 S. Oak St. (GP)
Sparks, Paul W.....212 S. Main St. (GS)

RIPLEY COUNTY

Garcia, Manuel G.....12 Boehringer St., Batesville (47006) (GS)
North Jr., E. H.....Box 42, Batesville (OM)
Paras, Jose L.....Batesville (47006) (GP)
Warn, William J.....Milan (47031) (GP)

Row, George S.....Osgood (47037) (GP)
McConnell, William C.....Sunman (47041) (GP)
(33950) (OO)
Libunao, Artemio S.....Versailles (47042) (GP)
Hopkins, L. H. (S).....Versailles (47042) (OO)

RUSH COUNTY

Smith, Stephen D.....Knightstown (46148) (GP)
Sheets, Charles E.....Manilla (46150) (GP)
Worth, C. Willard.....Milroy (46156) (GP)

Rushville

(*Zip Code* 46173)

Atkins, Clarence C. (S).....225 N. Morgan St. (OTO)
Corpe, Kenneth F.....R. R. #4 (GS)
Dean, Donald I.....Fourth & Main (OPH)
Ellis, Davis W., Jr.....E. 11th St. (GP)
Green, Frank H., Jr.....134 E. Second St. (GP)
Lee, John M. (S).....914 N. Morgan St. (OO)
McKee, Harry G.....208 W. First St. (GP)
Norris, Marvin G.....606 E. 11th St. (GP)
Nutter, Wyndham H.....1003 N. Morgan (GP)

ST. JOSEPH COUNTY

Hartsough, Ralph I.....Lakeville (46536) (GP)

Mishawaka

(*Zip Code* 46544)

Barone, Carmelo V.....307 W. Fourth St. (GP)
Christophel, Verna A.....109 W. Third St. (OBG)
Gabriel, Magdi.....303 S. Main St. (ORS)
Ganser, Richard A.....111 S. Race St. (GP)
Gerig, Eldon L.....303 S. Main St. (GS)
Lester, Vern L.....919 E. Jefferson Blvd. (R)
Macri, Paul A.....116½ W. Third St. (GP)
Mahank, Camiel C.....303 S. Main St. (OBG)
Orr, W. Robert.....12388 E. Jefferson Rd. (ORS)
Rabasa, Rafael.....303 S. Main St. (GP)
Reed, Robert F.....1316 Lincoln Way E. (GP)
Rosenwasser, Jacob.....225 Lincoln Way E. (IM)
Schaphorst, Richard A.....612 N. Main St. (GP)
Schlossberg, Victor E., Jr.....301 W. Fourth St. (IM)
Sellers, Francis M.....814 Oak Ridge Dr. (GP)
Spalding, David L.....427 Lincoln Way E. (GP)
Spalding, Wendell L.....427 Lincoln Way E. (GP)
Stringer, Drennon D.....303 S. Main St. (IM)
Templeton, Ames R.....516 Clay St. (ANES)
Tirman, Wallace S.....15640 Winding Brook Dr. (R)
Walters, Charles E.....319 S. Spring St. (GS)
Whitlock, Merle E.....303 S. Main St. (GS)
Wilson, Douglas J.....303 S. Main St. (OBG)

Luzadder, John E.
105 W. Michigan St., New Carlisle (46552) (GP)
Charles, Sara C.....Univ. of Notre Dame, Notre Dame (46556) (P)

South Bend

(*Zip Code* 466 *plus zone number*).

B

Backs, Alton J.....1831 N. Kessler Blvd. (16) (R)
Baran, Charles.....404 Sherland Bldg. (1) (NS)
Bartsch, Harvey L.
919 E. Jefferson Blvd., #102 (22) (U)
Beach, Norman F.....919 E. Jefferson Blvd., #107 (22) (R)
Bechtold, S. E.
919 E. Jefferson Blvd., #302 (22) (OBG)
Bell, Horace D.....420 N. Hill St. (17) (GP)
Bennett, Jene R.....531 N. Main St. (1) (PATH)
Berke, Robert D.....1118 Lincoln Way E. (18) (A)
Bickel, David A. (S)....1335 E. Wayne St. (15) (OBG)
Birmingham, Peter J. (S)
61490 Meadowlark Lane (14) (GS)
Bixler, Louis C.
919 E. Jefferson Blvd., #207 (22) (R)
Bodnar, Leslie M.....328 N. Michigan (1) (ORS)
Bogan, William C.....3209 Mishawaka Ave. (15) (GP)
Booth, Franklin M.....430 Sherland Bldg. (1) (PS)
Borough, Lester D.....710 J. M. S. Bldg. (1) (P)
Brechtl, Harvey J.
919 E. Jefferson Blvd., #104 (22) (GP)
Buchanan, Wallace D.
919 E. Jefferson Blvd., #107 (22) (R)
Buechner, Frederick W. (S)
261 Oliver Theatre A, (01) (GP)
Buslee, Roger M.....531 N. Main St. (1) (PATH)
Bussard, Frank W.....722 E. Colfax Ave. (17) (GP)
Butts, Milton A.....118 N. Walnut St. (28) (GP)

C

Carter, F. R. Nicholas (S)
2000 E. Jefferson Blvd. (17) (GP)
Cassady, James V. (S)...815 Sherland Bldg. (1) (OPH)
Cassady, John R.....815 Sherland Bldg. (1) (OPH)
Chamberlain, Donald S.....919 E. Jefferson Blvd., #207 (22) (R)
Clark, William H.....520 Sherland Bldg. (1) (OTO)
Cook, Gordon C.....1620 Southwood Ave. (1) (OBG)
Cox, Alfred C.....51916 U. S. 31 N. (37) (GP)

D

Davis, Edward A.....3014 Ardmore Trail (28) (GP)
Denham, Robert H.....919 E. Jefferson Blvd., #204 (22) (ORS)
Devetski, Robert L.....514 Sherland Bldg. (1) (IM)
DeVoe, Kenneth Roy..604 N. Michigan St. (1) (ANES)
Dietl, Ernest L.....820 Sherland Bldg. (1) (OTO)
Dingley, Albert F.
919 E. Jefferson Blvd., #204 (22) (ORS)
Dodd, Robert D.....2311 N. Miami St. (14) (GP)
Dolezal, Bernard J.....115 S. Eddy St. (17) (GP)
Donnelly, Everett F...622 N. Michigan St. (1) (ANES)
Dunlap, D. Logan.....523 J.M.S. Bldg. (1) (IM)

E

Eades, R. Charles.....914 E. Jefferson Blvd. (17) (P)
Edwards, Bernard E.....1134 Ridgedale Rd. (14) (GP)
Egan, Sherman L.....523 J.M.S. Bldg. (1) (IM)
Engel, Howard R.
919 E. Jefferson Blvd., #403 (22) (IM)
English, John Paul.....211 N. Eddy (17) (IM)
Erickson, Gustaf W.....211 N. Eddy (17) (PD)

F

Farner, James E.....130 W. Park Lane (01) (IM)
Fawcett, Kenneth J.....531 N. Main St. (1) (PATH)
Feferman, Martin E.
919 E. Jefferson Blvd., #407 (22) (NS)
Feldman, Max.....1921 Miami St. (13) (GP)
Filipek, Walter J.....311 Odd Fellows Bldg. (1) (GP)
Firestein, Ben Z..919 E. Jefferson Blvd., #307 (22) (D)
Firestein, Ray.....416 Sherland Bldg. (1) (IM)
Fish, Edson C.....19054 Summers Dr. (1) (ANES)
Foley, Hansel O.....704 N. Main St. (1) (GP)
Forrest, O. Norman, Jr...912 E. LaSalle Ave. (17) (OBG)
Frank, Herbert.919 E. Jefferson Blvd., #202 (22) (IM)
Frank, Lyall L., Jr.....224 W. Navarre St. (1) (GP)
Frank, Lyall L. (S).....224 W. Navarre St. (1) (GP)
Frash, DeVon W., Jr.....1910 Miami St. (13) (GP)
Frey, William B.....316 N. Ironwood Dr. (15) (PD)
Friedman, Morris S.
919 E. Jefferson Blvd., #402 (22) (ORS)
Frith, Louis G.....521 W. Washington Ave. (1) (GP)

G

Gaffney, Raymond.....535 W. Colfax Ave. (1) (ORS)
Ganser, Ralph V.....810 E. Colfax (1) (OTO)
Gates, George E.....211 N. Eddy (17) (IM)
Gilman, Marcus M. (S).401 Odd Fellows Bldg. (1) (GP)
Godersky, George E.....912 E. LaSalle Ave. (17) (OBG)
Godersky, Lois G.....531 N. Main St. (17) (PATH)
Graf, John P.....53260 Placid Dr. (37) (OO)

Green, G. Richard.....822 Sherland Bldg. (1) (GS)
Green, George F. (S).....822 Sherland Bldg. (1) (GS)
Green, Norval E.....704 N. Main St. (1) (U)
Grillo, Donald.....226 Sherland Bldg. (1) (PR)
Grorud, Alton C..919 E. Jefferson Blvd., #401 (22) (IM)

H

Haley, George M.....424 Sherland Bldg. (1) (U)
Hall, James M.....914 E. Jefferson Blvd. (17) (OPH)
Hamilton, Charles O...622 N. Michigan St. (1) (ANES)
Harding, John.....919 E. Jefferson Blvd. (OO)
Harris, C. Glenn.....527 W. Colfax Ave. (1) (P)
Haugseth, Ellsworth K..820 N. Ironwood Dr. (17) (ORS)
Hawkins, Glen E.....622 N. Michigan St. (1) (ANES)
Helmer, John F.....2116 Amer. Nat'l. Bk. (1) (GS)
Hilbert, John W. (S)
61600 Brightwood Lane (14) (OO)
Hildebrand, John O., Jr..1307 E. Ewing Ave. (13) (GP)
Hill, Wallace C.
919 E. Jefferson Blvd., #306 (22) (GS)
Holdeman, Lillian S.....635 S. Main St. (23) (PH)
Holdeman, Richard W..404 N. Lafayette Blvd. (1) (IM)
Holloway, Richard J.....211 N. Eddy (17) (U)
Holtzman, Norman N.....1621 Hoover Ave. (15) (IM)
Horvath, George A.....211 N. Eddy (17) (PD)
Houser, D. Stanley.....719 N. Main St. (1) (OBG)
How, Louis E. (S).....1419 S. Michigan St. (13) (GP)
Hyde, Carroll C. (S).....211 N. Eddy (17) (U)

J-K

Jankowski, Ernest B...411 S. Sheridan Ave. (19) (GP)
Johns, Nicholas C.....818 Sherland Bldg. (1) (GP)
Karn, John W.....1535 Wall St. (1) (ANES)
Keenan, Patrick J.....211 N. Eddy (17) (N)
Kieffer, William J.....919 E. Jefferson Blvd. (22) (R)
Knode, Kenneth T. (S)....729 Sherland Bldg. (1) (PD)
Krizman, David J.....1226 Portage Ave. (16) (ORS)
Krueger, John E.....620 Peashway (1) (ANES)
Kuhn, Frederick L.....1215 S. Michigan St. (18) (GP)

L

Lane, William H.....604 N. Michigan St. (1) (ANES)
Levatin, Bernard I.
919 E. Jefferson Blvd., #303 (22) (U)
Lionberger, John R.
919 E. Jefferson Blvd., #207 (22) (R)
Liss, Emanuel C.....119 S. Eddy St. (17) (D)
Lockhart, Philip B.
919 E. Jefferson Blvd., #107 (22) (R)

M

MacDonell, Eldred H.....211 N. Eddy (17) (IM)
MacLeod, John K...919 E. Jefferson Blvd. (22) (OBG)
McCraley, William J.....218 S. Francis (37) (GP)
McFarland, Corley B.....211 N. Eddy (17) (OPH)
McMeel, James.....2604 S. Twyckenham Dr. (GP)
McQuade, John A.....1522 Portage Ave. (16) (GP)
Macias, Rafael.....526 Sherland Bldg. (1) (TS)
Magnuson, Charles W.....211 N. Eddy (17) (GE)
Marquis, Gordon.....211 N. Eddy (17) (OTO)
Martin, Charles F.....1438 Ridgedale Rd. (14) (IM)
Martinov, Wm. Edward. .... 919 E. Jefferson (GS)
Mason, Bernard A.....211 N. Eddy (17) (IM)
Mauzy, Merritt C.....216 Sherland Bldg. (1) (PS)
Metcalfe, Grant E.
919 E. Jefferson Blvd., #308 (22) (P)
Mott, Cassell A. (S)....2733 Lincoln Way W. (28) (GP)
Mueller, Hilbert M.....211 N. Eddy (17) (D)
Murphy, Josephine F.....111 W. Bartlett St. (1) (GP)
Myers, Philip R.....1002 Lincoln Way W. (16) (GP)

N-O

Neher, John L.....17615 State Rd. #23 (35) (GP)
Nelson, F. Dale.....704 N. Main St. (1) (GP)
Nelson, Raymond E.....206 E. Bartlett St. (1) (GP)
Nelson, Robert.....206 E. Bartlett St. (1) (GP)
Odrcic, Kazimir.....211 N. Eddy (17) (OPH)
Olson, Donald T..919 E. Jefferson Blvd., #309 (22) (IM)
Olson, Kenneth L...919 E. Jefferson Blvd., #207 (22) (R)
O'Malley, Patrick F.....525 Sherland Bldg. (1) (OPH)
Oren, William F.....1149 Belmont Ave. (15) (GS)

P

Parsons, Robert.....919 E. Jefferson Blvd. (22) (ORS)
Pascuzzi, Chris A.....531 N. Main St. (1) (PATH)
Pauszek, Thomas B. (S)
704 W. Washington St. (1) (OBG)
Petrass, Andrew (S).....516 Sherland Bldg. (1) (GP)
Phelps, Stephen R.....808 Sherland Bldg. (1) (D)
Plain, George B.....211 N. Eddy (17) (GS)
Plain, George Leroy.....211 N. Eddy (17) (IM)
Proudfit, Charles H.
919 E. Jefferson Blvd., #304 (22) (OBG)
Pyle, Harold D. (S).....119 S. Eddy St. (17) (PD)

R

Rasmussen, Ruth F.....211 N. Eddy (17) (PATH)
Rice, Katherine K.....919 E. Jefferson Blvd., #206 (22) (P)
Richards, Dean.....3123 S. Michigan St. (14) (GP)
Rigaux, Armand J.....150 W. Angela (15) (GP)
Roberts, Billy J.....3123 Mishawaka Ave. (15) (GP)
Rosenheimer, George M. (S)
604 N. Michigan St. (1) (ANES)
Rubens, Eli.....2314 Miami (14) (PD)
Rudolph, Carl J.....110 W. Bartlett St. (1) (OPH)

S

Sanderson, Robt. B. (S)..730 Sherland Bldg. (01) (CD)
Sandock, Louis F.....503 Sherland Bldg. (1) (IM)
Sandoz, Harry H. (S)..612 Odd Fellows Bldg. (1) (GP)
Saucelo, Bart M.....1401 Lincoln Way W. (28) (GP)
Schiller, Herbert A.
919 E. Jefferson Blvd., #205 (22) (OBG)
Scott, Frank M.....211 N. Eddy (17) (GS)
Sharp, Merle C.....912 E. LaSalle Ave. (17) (OBG)
Shelley, Edward S.....207 S. Taylor St. (25) (GP)
Shriber, William H.....211 N. Eddy (17) (OBG)
Shriner, Richard Lee
919 E. Jefferson Blvd., #308 (22) (P)
Sisson, Norvel D.....531 N. Main St. (1) (PATH)
Skillern, Scott D.....422 Sherland Bldg. (1) (D)
Slominski, Harry H. (S)
708 Odd Fellows Bldg. (1) (GP)
Smith, Lee.....1925 E. Jefferson Blvd. (17) (GP)
Speybroeck, Robert C.....1314 Kessler Pl. (16) (PD)
Staunton, Henry A.....3016 Mishawaka Ave. (15) (GP)
Stimson, Harry.....17649 Darden Rd. (35) (GP)
Stiver, Daniel D.....822 Sherland Bldg. (1) (GS)
Stogdill, William J.....Univ. of Notre Dame (1) (GP)
Stratigos, Joseph S...527 N. Lafayette Blvd. (1) (PMR)
Sweeney, Robert M.....211 N. Eddy (17) (PD)

T

Tapley, Dwight L.....60469 U.S. 31 South (GP)
Thompson, John M.....305 Sherland Bldg. (1) (OPH)
Thompson, Robert A.
913 S. Twyckenham Dr. (15) (GP)
Thornton, Maurice J. (S)....125 W. Marion St. (1) (R)
Troeger, Thomas A.....211 N. Eddy (17) (IM)
Troyer, Marlin L.....328 N. Michigan St. (1) (ORS)
Tutunji, Nermin D...919 E. Jefferson Blvd. (22) (TS)

U-V-W-X-Y-Z

Urruti, Arnoldo H.....420 J.M.S. Building (1) (P)
Vagner, S. Bernard....2201 Lincoln Way W. (28) (GP)
VanFleit, William E.
919 E. Jefferson Blvd., #407 (22) (TS)
Wack, James E.....530 W. Indiana Ave. (13) (GP)
Walker, Edwin M., Jr. 501 N. Ironwood Dr. (15) (ANES)
Ward, James W.....325 Wakewa (17) (ANES)
Weiss, Eugene.....919 E. Jefferson Blvd. (22) (IM)
White, Donald G.....1815 Ireland Rd. (14) (GP)
Wilhelm, Agatha M..1032 E. Wayne at Eddy (17) (IM)
Wilson, James M.....919 E. Jefferson Blvd. (22) (GS)
Wind, Joseph L.....919 E. Jefferson Blvd. (22) (R)
Wixted, John F. (S)
919 E. Jefferson Blvd., #1 (22) (OPH)

Wixted, Julia L...919 E. Jefferson Blvd., #1 (22) (OPH)
Zeiger, Irvin L.....3123 Mishawaka Ave. (15) (GP)

Bullard, Harlan R.....2600 Greenbush St. Lafayette (47904) (OPH)
Fenstermacher, Robert E.....506 Michigan St., Walkerton (46574) (GP)
Rohrer, Byrce B.....506 Michigan St., Walkerton (46574) (GP)
Cline, Kenneth L.....Box 57, Wyatt (46595) (GP)
Hillman, Marion W.....1728 Little Point Circle, Sarasota, Fla. (33581) (OO)

Bassler, Carl R. (S).....R. R. #4, Niles, Mich. (49120) (OO)
Fish, Clyde M. (S) R. R. #2, Edwardsburg, Mich. (49112) (OO)
Rea, Thomas J.....Edwardsburg, Mich. (49112) (GP)
Warrick, Homer L. (S).....Edwardsburg, Mich. (49112) (OO)
Spenner, Raymond W. (S).....Rt. 3, Diamond Lake, Cassopolis, Mich. (49031) (IM)
Haley, Paul E.....80 Primrose, Casper, Wyo. (82601) (GS)

SCOTT COUNTY

Bogardus, Carl R.....61 Main St., Austin (47102) (GP)
Roberto, Benjamin V. 378 W. Main St., Austin (47102) (GP)

Scottsburg
(*Zip Code* 47170)

Bacala, Jesus.....69 Wardell St. (GP)
Castro, Ignacio B., Jr.....685 Wanda St. (GS)
McClain, Marvin L.....935 First St. (GP)

SHELBY COUNTY

Davis, John A.....Flat Rock (47234) (GP)
Newhouse, Margaret L.....Morristown (46161) (GP)

Shelbyville
(*Zip Code* 46176)

Arata, Lucian A.....428 W. Hendricks St. (GP)
Dalton, Wilson L.....117 W. Washington St. (GP)
Deupree, William D.....23 W. Hendricks St. (PD)
Gehres, Robert W. (S).....15 S. Tompkins (GP)
Gordon, Harry Wm.....117 W. Washington (GP)
Green, William L.....408 Methodist Bldg. (OM)
Inlow, Paul M.....103 W. Washington St. (R)
Inlow, Robert P.....103 W. Washington St. (GS)
Inlow, William D. (S).....1100 Spring Hill Rd. (GS)
Miller, Richard C.....17 W. Mechanic St. (GP)
Moheban, Joseph.....120 W. Jackson St. (GP)
Scott, V. Brown.....103 W. Washington St. (IM)
Silbert, David B.....17 S. Tompkins (GP)
Spindler, Robert D.....165 W. Mechanic St. (OTO)
Tate, Thomas B.....124 W. Franklin St. (GP)
Tindall, William R.....505 S. Harrison St. (GP)
Tower, James H., Jr.....124 W. Franklin St. (GP)
Whitcomb, Roger F.....120 W. Jackson St. (GP)

SPENCER COUNTY

Barrow, John H.....Dale, Ind. (GP)
Jolly, Wesley P. (S).....Richland (47634) (GP)
Gailey, Ivan L.....Hatfield, Ind. (GP)
Glackman, John C., Jr. Med. Ctr. Bldg., Rockport (47635) (GP)
Monar, Michael.....6th and Main Sts., Rockport (47635) (GP)

STARKE COUNTY

Leinbach, Earl R.....Hamlet (46532) (GP)
Ufkes, C. Herbert, (D.O.).....109 Main St. North Judson, Ind. (GP)

Knox
(*Zip Code* 46534)

DeNaut, James F.....4 N. Heaton St. (GP)
Goode, Robt.....201 S. Heaton St. (GS)
Henry, Howard J.....107 S. Main St. (GP)
Ingwell, Guy B.....201 S. Heaton St. (GP)
Matthew, John R.....317 Carlson Dr. (P)
Palmer, W. Allen.....107 S. Main St. (GP)

STEUBEN COUNTY

Angola
(*Zip Code* 46703)

Artz, Richard W.....416 E. Maumee (GS)
Barton, Robert.....416 E. Maumee (GP)
Cameron, Don F. (S).....416 E. Maumee (GS)
Davis, Claude E.....1109 W. Maumee (GS)
Hartman, John J.....909 W. Maumee (GS)
Kissinger, Knight L.....411 E. Gilmore (GP)
Mason, Donald G.....112 S. Wayne St. (GP)
Rausch, Norman W.....416 E. Maumee (GP)
Richard, Norman F.....416 E. Maumee (GS)

Schrepferman, Wayne.....Hamilton (46742) (GP)

Yocum, Paul S., Sr.....4826 Alhambra Circle, Coral Gables, Fla. (33146) (OO)

SULLIVAN COUNTY

Brown, John S. (S).....Carlisle (47838) (GP)
Dukes, Betty.....Dugger (47848) (GP)
Dukes, Joe.....Dugger (47848) (GP)
Bethea, Robert O.....Farmersburg (47850) (GP)
Hernandez, Antonio.....Shelburn (47879) (GP)

Sullivan
(*Zip Code* 47882)

Bedwell, Marion H. (S).....16 N. Court St. (GP)
Crowder, James H.....112 N. Section St. (GS)
Dunn, Latimer E.....R. R. 2 (PATH)
Eskew, Kenneth W.....Scott Med. Bldg. (GP)
McClure, Glen.....777 N. Wolfenberger (GS)
Scott, Irvin H.....117 W. Washington St. (GS)

Taylor, John R.....105 N. Main, Palestine, Ill. (62451) (GP)

SWITZERLAND COUNTY
(See Jefferson-Switzerland)

TIPPECANOE COUNTY

Derhammer, George L.....Brookston (47923) (GP)
Gish, Howard M.....Brookston (47923) (GP)
Dublin, Madeline P.....Francesville (47946) (GP)
Ault, Carl H...3015 Dellwood Dr., Kokomo (46901) (GP)
Knote, John A.....520 Medical Center Bldg. Ft. Wayne (46802) (R)

Lafayette
(*Zip Code* 47904 *unless otherwise indicated.*)

Ade, Charles H.....2211 South St. (OTO)
Ade, Mary Keller.....2211 South St. (OBG)
Alexander, Alan A.....2600 Greenbush St. (OO)
Arvin, Delano Z.....2600 Greenbush St. (R)
Auckley, James L.....2600 Greenbush St. (IM)
Balkema, Catherine M.....30 N. 21st St. (GP)
Bayley, William E.....303 S. Ninth St. (47901) (PATH)
Beuerman, V. A.....2600 Greenbush St. (OPH)
Bolin, Robert C.....2600 Greenbush St. (IM)
Bond, L. G.....2600 Greenbush (OO)
Bridge, Barton C.....Jefferson Square (47905) (GP)
Burns, John T.....5 N. 25th St. (PD)
Bush, Jack A.....405 Life Bldg. (47901) (ANES)
Calvert, Raymond R. (S).....314 N. Sixth St. (47901) (OTO)
Carpenter, James B.....49 N. 26th St. (GP)
Cartwright, Glen W.....2600 Greenbush St. (PD)
Cole, Ira (S).....2315 South St. (OBG)
Coyner, Alfred B. (S)....509 Life Bldg. (47901) (GP)
Davis, Grayson B.....2500 Ferry St. (GP)
Davis, Howard B.....2600 Greenbush St. (U)
Deur, Julius J.....1011 Columbia (IM)
Donahue, George R. (S)....1619 S. 9th St. (47901) (GS)
DuBois, Ramon B.....324 N. 25th St. (GP)
Eaton, Marion J.....214 Life Bldg. (47901) (U)
Elliott, Paul W.....332 Park Lane (PATH)

Engeler, James E.....2600 Greenbush St. (D)
Evans, David L.....2424 Ferry St. (P)
Ferguson, William B.....2525 South St. (ORS)
Fields, Don C.....2600 Greenbush St. (GS)
Foster, John A.....St. Elizabeth Hospital (PATH)
Frasch, Mahlon G.....300 Life Bldg. (47901) (GP)
Frey, Harley H., Jr.....405 Life Bldg. (47901) (ANES)
Fritch, John M.....710 S. 21st St. (47905) (OPH)
Gery, Richard E.....2600 Greenbush St. (GS)
Gripe, Richard P.....2600 Greenbush St. (IM)
Gutwein, Gilbert.....2525 South St. (OO)
Haas, Charles F.....2211 South St. (D)
Hannemann, Robert E.....2600 Greenbush St. (PD)
Harter, Eli B.....2600 Greenbush St. (R)
Harvey, Bennett B.....2500 Ferry St. (PATH)
Hebard, Harold G. Jr.....2424 Ferry St. (GP)
Heid, George J., Jr.....2500 Ferry St. (PATH)
Herrold, George W.....2 N. 26th St. (GP)
Horswell, Richard R.....2600 Greenbush St. (IM)
Hughes, Anson F.....2400 Ferry St. (OBG)
Hughes, Richard R.....1000 N. 14th St. (GS)
Hull, James E.....St. Elizabeth Hosp. (GS)
Hunsberger, Walter G.....2600 Greenbush St. (R)
Johnson, Herbert S.....2600 Greenbush St. (GS)
Karberg, Richard J.....2400 Ferry St. (OBG)
Kelley, Jack L.....2600 Greenbush St. (GS)
Keplinger, James E.....1501 Hartford St. (NS)
Klatch, Ben Z.....1501 Hartford St. (IM)
Klepinger, Harry E.....724 Life Bldg. (47901) (GP)
Kohne, Robert W.....3010 Underwood (GP)
Kuipers, Fred M.....2600 Greenbush St. (IM)
Landis, Chas. B.....505 - 7th St. (OPH)
Lempke, Lloyd W.....2211 South St. (ORS)
Lind, Jaap J.....2600 Greenbush St. (ORS)
Loop, Frederick A.....2420 Ferry St. (GS)
McAdams, Robert.....2011 Kossuth St. (47905) (GP)
McFadden, James M.....2500 Ferry St. (PATH)
McKinley, Joseph.....2600 Greenbush St. (U)
McPherson, Richard C.....2600 Greenbush St. (GS)
Marsh, George W. .....1216 Howell (GP)
Marvel, Howard R.....2600 Greenbush St. (IM)
Mather, Charles R.....2600 Greenbush St. (OBG)
Mather, Robert L.
805 Purdue Nat'l. Bank Bldg. (47901) (OPH)
Mathews, Frank.....1501 Hartford St. (N)
Mentzer, William G.....2400 Ferry St. (OBG)
Miller, Albert J.....2500 Ferry St. (PATH)
Miller, Roland E.....2200 Scott St. (PD)
Miller, William J.....2600 Greenbush St. (R)
Mohrs, Paul E.....405 Life Bldg. (ANES)
Mount, William M.....20 N. 24th St. (IM)
Neumann, Kenneth O.....300 Main St., Room 618-20 (47901) (GP)
Onorato, Joseph J.....2433 S. Ninth St. (47905) (IM)
Patterson, Richard G.....2600 Greenbush St. (OBG)
Peyton, Frank W.....2400 Ferry St. (OBG)
Pickerill, James M.....301 Life Bldg. (47901) (GP)
Poulosk, James T.....2600 Greenbush St. (IM)
Ralston, Marc A.....2600 Greenbush St. (OPH)
Ramsey, George F.....2600 Greenbush St. (IM)
Randall, Thomas A.....2400 South St. (PATH)
Ratcliff, Frank W.....405 Life Bldg. (47901) (ANES)
Raymond, James R.....2600 Greenbush St. (OTO)
Riggs, Wendell A.....2600 Greenbush St. (PD)
Rothrock, Philip W.....2200 Scott St. (IM)
Ruschli, Edward B. (S).....300 Main St. (47901) (GS)
Rutherford, Charles E.....2315 South St. (GS)
Scheeres, Jacob W.....2302 Kossuth (47905) (GS)
Sherman, David E.....2424 Ferry St. (OBG)
Shively, John L.....2525 South St. (ORS)
Sholty, William M.....R. D. 8, Box 89 (47901) (ANES)
Smith, Lowell C.....615 Linge Ave. (47901) (GP)
Stahl, Edward T.....2600 Greenbush St. (ORS)
Steele, Hugh H.....2600 Greenbush St. (GE)
Strayer, Joseph W. (S).....R. R. 6 (47901) (PUD)
Stuntz, Edgar C.....Wabash Valley Hospital (P)
Trout, Carl J.....314 N. Sixth St. (47901) (OTO)
Trout, David J.....314 N. Sixth St. (47901) (OTO)
Tubbs, George R. (S)
2502 Iroquois Trail (47905) (OTO)
Underwood, George M...Jefferson Square (46905) (GP)
Van Buskirk, Edmund L.....2600 Greenbush St. (OTO)
Van Den Bosch, Wallace R.....33 N. 22nd St. (P)
Vermilya, Robert W.....R. R. 5 (47901) (ANES)
Wagner, Anabel.....1834 Summit Dr. (47901) (ANES)
Wagner, Lindley.....2424 Ferry St. (IM)
Wagoner, J. E.....2525 South St. (ORS)
Waits, Chester L.....49 N. 26th St. (GP)
Webster, Paul L.....527 Park Ridge (R)
Weida, Jerry M.....301-5 Life Bldg. (46901) (GP)
Weller, Wendell A.....2600 Greenbush St. (OTO)
Wilms, John H.....P. U. Student Hosp. (P)
Wong, Norman F.....2500 Ferry St. (GP)

Peterson, Joel A. (S).R. R. 5, Monticello (47960) (OTO)
Crouse, Ben E.....Mulberry (46058) (GP)
Babb, Forrest J.....Stockwell (47983) (GP)

Flack, Russell A.....20924 Ave., San Luis, Woodland Hills, Calif. (91364) (IM)
McKinney, Daniel H. (S).....801 S. 52nd St., Apt. 811, Omaha, Neb. (68106) (OO)
Martin, Joe M.....Zumbro Valley Mental Health Ctr. 2100 E. Center St. Rochester, Minn. (55901) (P)
Ricchetti, Warren F...21st & Eastern St. Covington, Ky. (41014) (PATH)

West Lafayette
(*Zip Code* 47906)

Baker, John R.....2321 Carmel Dr. (ANES)
Berk, Barbara Z.....P.O. Box 2156 (OO)
Brady, Kingdon.....612 Terry Lane (PATH)
Carpenter, Robert S.....492 Littleton (GP)
Carroll, Bertha Rose (S).....1125 Glenway (OO)
Fitzgerald, Brice E.....Purdue Health Center (OTO)
Hass, Caroline E.....316 N. Salisbury St. (GP)
Hass, Thomas W.....316 N. Salisbury St. (OBG)
Heasty, Alfred R.....221 Paunee Dr. (P)
Hunter, Dean M.....316 N. Salisbury St. (OBG)
Jones, David M.....Purdue Health Center (PD)
McAdams, Hugh B.....Purdue Health Center (GP)
Roggenkamp, Milton W.....144 Arrowhead Dr. (PATH)
Rommel, Clarence H. (S).....456 Northwestern (GS)
Russell, Henry T.....746 Northridge (PATH)
Schmiedicke, Paul H.....112 Wheeler Lane (IM)
Spurlock, Fae H.....Purdue Health Center (P)
Van Kirk, John R.....2496 Sycamore Lane (GP)
Walker, Robert M.....R 4, Box 151 (GP)
Yegerlehner, Roscoe S.....118 Juniper Ct. (GP)

TIPTON COUNTY

Haller, Robert L.....Kempton (46049) (GP)
Stouder, Albert E.....Kempton (46049) (GP)

Tipton
(*Zip Code* 46072)

Burkhardt, Boyd A.....202 S. West St. (GS)
Carter, Jean V. (S).....130 N. Main St. (GP)
Compton, George L.....219 N. Independence (GP)
Gossard, Meredith B.....308 N. Independence (GP)
Kincaid, Raymond K.....202 S. West St. (GP)
Kurtz, William A.....202 S. West St. (GP)

Ericson, Harold L.....Windfall (46076) (GP)
Moser, Elmer B. (S).....Windfall (46076) (GP)
Tranter, William F.....2337 Flora Ave., Ft. Myers, Fla. (33901) (OO)

UNION COUNTY

(See Wayne-Union)

VANDERBURGH COUNTY

Evansville
(*Zip Code* 477 *plus zone number.*)

Acre, Robert R. (S).....665 St. Marys Dr. (15) (U)
Adye, Wallace M., Jr..1307 N. Stringtown Rd. (11) (GP)
Akin, Ali N.....418 Tyler (15) (OPH)
Alexander, John E...2895 Washington Ave. (14) (OPH)

Allen, William H.....715 First Ave. (10) (NS)
Anderson, Milton H.....3700 Bellemeade (15) (P)
Antes, Earl H.....420 Cherry St. (13) (IM)
Arendell, Robert E.....6702 Darmstadt Rd. (14) (GP)
Arroyo, Sylvia.....St. Mary's Hosp. (15) (OO)
Austin, Eugene W.....3700 Bellemeade (15) (PD)

B

Baisas, Wilfrido C.....1118 N. Boeke Rd. (GP)
Baker, Herman M. (S).....715 First Ave. (10) (IM)
Baker, Mason R.....1008 S. Evans Ave. (13) (GP)
Baker, Sam B.....217 Montclair Ct. (10) (R)
Barnhart, Willard T.....504 Doctors Plaza (10) (U)
Beck, Robert E.....611 Harriet St. (10) (R)
Becker, Jerry D.....715 First Ave. (10) (IM)
Begley, Joseph W., Jr. 314 S.E. Riverside Dr. (13) (OTO)
Beisel, Larry H.....420 Cherry St. (13) (PD)
Bender, Martin J.....3700 Bellemeade (15) (U)
Bendush, Cecil L.
Meade Johnson Research Center (21) (SR)
Bennett, Abner P...Welborn Baptist Hosp (13) (PATH)
Bissonnette, Roger P.....420 Cherry St. (13) (IM)
Bizal, John A.....R. R. 7, Box 77 (10) (OTO)
Bloss, Bryant A.....611 Harriett St. (10) (ORS)
Boone, Robert D.....420 Cherry St. (13) (GS)
Boswell, Robert W. C.....13 S. Taft (14) (GP)
Boyle, Carroll L.....715 First Ave. (10) (GP)
Brakel, Frank J., Jr.....420 Cherry St. (13) (IM)
Britt, Robert L.....420 Cherry St. (13) (PD)
Brockmole, Arnold W...127 Civic Center Bldg. (13) (PH)
Brown, Robert L.....419 Edgar St. (10) (A)
Bryan, Stanton L.....607 Hulman Bldg. (08) (IM)
Buehner, Donald F.....3700 Bellemeade (15) (GP)
Burger, Thomas C.....3700 Bellemeade (15) (GS)
Burnikel, Ray H.....2709 Washington Ave. (14) (PR)

C

Carlson, Ralph F.....527 Sycamore St. (08) (GS)
Cato, Allen.....Fischer Rd. (11) (OO)
Challman, William B.....715 First Ave. (10) (GP)
Chapman, William E.....611 Harriet St. (10) (U)
Clark, Thomas W.....420 Cherry St. (13) (IM)
Clouse, Paul A.....613 S. Weinbach Ave. (14) (IM)
Coleman, Joseph E.....2831 Wayside Dr. (15) (PD)
Combs, Herman T.....807 W. Indiana (10) (GP)
Combs, John H. (S)..412 S. E. Fourth St. (13) (ANES)
Cook, Thomas.....P.O. Box 5366 (15) (R)
Cooper, Waller W.....Box 887 (10) (ANES)
Corcoran, Patrick J. V.....3700 Bellemeade (15) (IM)
Cox, J. Bruce.....420 Cherry St. (13) (OBG)
Cox, Larry.....3700 Bellemeade Ave. (15) (GP)
Crawford, James H.....611 Harriett (15) (GP)
Crevello, Albert J.....3700 Bellemeade (15) (P)
Crudden, Charles H.....6600 Washington (10) (P)
Cullnane, Chris W.....2312 W. Franklin St. (12) (GP)

D

Davidson, Harold H.....420 Cherry St. (13) (OBG)
Davis, Kenneth D.....420 Cherry St. (13) (ORS)
Denzer, Edward K.....108 S. E. Third St. (08) (GS)
Denzer, William O.....2329 Chandler Ave. (16) (GP)
Diamond, Jack L.....4505 Bellemeade Ave. (15) (D)
Dieckman, Herbert S.....3700 Bellemeade (15) (A)
Dodd, Roberts K.....2042 Lincoln Ave. (14) (GS)
Downer, Luther H.....615 Oak Street (13) (GP)
Drake, Dale W.....St. Mary's Hospital (10) (ANES)
Durkee, Melvin S.....3700 Bellemeade (15) (GS)
Dycus, Walter A.....319 N. St. Joseph Ave. (12) (GP)
Dyer, Wallace K.....3700 Bellemeade (15) (OTO)

E

Ebin, Judah L.....101 S. E. Third St. (08) (NS)
Elshoff, Donald V.....3700 Bellemeade (15) (IM)
Engel, Edgar L.....326 S. E. Seventh St. (13) (OBG)

F

Faul, Henry J.....815 Hulman Bldg. (08) (GP)
Faw, Melvin L.....420 Cherry St. (13) (IM)
Fenneman, Robert J...402 S. E. Seventh St. (13) (OPH)
Ferguson, Stephen C.....314 Riverside Dr. (13) (OTO)
Franco, James M.....715 First Ave. (10) (NS)

G

Garland, Edgar A.....606 S. Weinbach (14) (GS)
Gaul, L. Edward.....509 Hulman Bldg. (08) (D)
Geller, Samuel.....R. R. 8, Box 143A (11) (GP)
Getty, William H.....420 Cherry St. (13) (IM)
Giorgio, Douglas J...916 S. Burkhardt Rd. (15) (ANES)
Gourieux, E. De Verre....106 Med. Arts Bldg. (15) (GP)
Griep, Arthur H.....5414 Madison Ave. (15) (IM)
Grimm, William C. H., Jr.....420 Cherry St. (13) (IM)
Guckien, Joseph L.....715 First Ave. (10) (OTO)

H

Hachmeister, Charles W.
2301 W. Michigan St. (12) (GP)
Hammond, R. Case.....611 Harriet St. (10) (U)
Hare, Daniel M.....611 Harriet St. (10) (U)
Hargett, Isaac R.....420 Cherry St. (13) (PD)
Harned, Ben K., Jr.....420 Cherry St. (13) (GS)
Harris, Robert L.....2014 E. Morgan (11) (GP)
Hartley, Clarence A., Jr.....221 Chestnut St. (13) (GP)
Hartz, F. Minton.....123 S. E. Second St. (08) (OM)
Hassel, Walter B.....3712 Herndon Dr. (11) (OBG)
Healy, Cornelius E.....420 Cherry St. (13) (PD)
Heard, Albert (S).....322 E. Cherry St. (13) (GP)
Heimburger, Irvin L.....527 Sycamore St. (08) (GS)
Heinrich, Weston A...314 S. E. Riverside Dr. (13) (GS)
Hendershot, Eugene L....412 S. E. Fourth St. (13) (R)
Henderson, Robert N.....631 First Ave. (10) (GP)
Hermayer, Stephen...220 S. E. Seventh St. (13) (OPH)
Hermann, Harold W.....Mead Johnson & Co.,
2404 Pennsylvania Ave. (21) (SR)
Herrmann, Gordon T.....3700 Bellemeade (15) (IM)
Herzer, Clarence C. (S).....322 N. Fulton (10) (GP)
Heumann, John E.....715 First Ave. (10) (ORS)
Himebaugh, Gilbert J.....115 N. Weinbach (11) (GS)
Hitchcock, Philip D.....900 Royal Ave. (15) (GP)
Hobbs, Arthur A. (S).....611 Harriett St. (10) (R)
Hobgood, James L., Jr..7527 Taylor Circle (15) (ANES)
Hoopes, Jane M.....R. R. 6, Box 95 (15) (PD)
Hoover, J. Guy.....527 Sycamore St. (08) (GS)
Hovda, Richard B.....P.O. Box 5366 (15) (R)
Huggins, Victor S.....611 Harriet St. (10) (OBG)

J

Johnson, Victor.....2301 W. Michigan St. (12) (GP)
Johnson, Stephen L.....521 Sycamore St. (08) (IM)

K

Kauffman, Harley M. (S).....219 Walnut St. (08) (P)
Kelly, John B.....420 Cherry St. (13) (U)
Kessler, Robert B.....1338 Division St. (14) (GP)
Kiechle, Frederick L.....1018 Parrett St. (13) (PATH)
Kincaid, Robert S.....7117 E. Cherry St. (15) (ANES)
Kleindorfer, Roscoe L. (S)..3214 E. Chandler (15) (GS)
Krueger, Thomas P.....715 First Ave. (10) (NS)

L

Langsam, Charles L.....P.O. Box 659 (P)
Laubscher, Clarence.....1201 Laubscher Rd. (10) (GP)
Lawler, John F.....420 Cherry St. (13) (GS)
Lawrence, Joseph C.....611 Harriett St. (10) (ORS)
Leibundguth, Henry.....P. O. Box 5166 (15) (ORS)
Leich, Charles F.....124 S. E. First St. (08) (OTO)
Lessure, Alfred P.....420 Cherry St. (13) (R)
Longstaff, John P.....200 Cherry St. (13) (P)
Lynch, Harold D.....3 Woodmere Lane (11) (PD)

M

MacKenzie, Pierce (S).326 S.E. Seventh St. (13) (OBG)
McCool, Joseph H.....1 Woodmere Lane (11) (P)
McDonald, Joseph D.....4300 Lincoln Ave. (08) (GS)
Marvel, James A.....420 Cherry St. (13) (IM)
Mason, Everett E.....3700 Bellemeade (15) (GP)
Mathews, James R.....901 S. Meadow Rd. (15) (R)
Miller, LaVerne B.....1421 N. Main St. (11) (GS)
Miller, Marshall S.....420 Cherry St. (13) (IM)
Miller, Milton J.....15 W. Franklin St. (10) (GP)
Mills, Fred E.....Deaconess Hospital (10) (PATH)
Mino, Robert A.....903 Edgar St. (10) (GS)

Mitchell, John B.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (PD)
Moulton, Lillian G. (S).....1 N. Barker (12) (CHP)
Muelchi, Adeline F. (S).....2205 Bellemeade (14) (GP)
Mullican, William S., Jr.....715 First Ave. (10) (IM)
Murphy, Edward U.....901 Hulman Bldg. (08) (OPH)

N

Newman, Kerry J.....540 Audubon Dr. (OO)
Newnum, Raymond L.....3700 Bellemeade (15) (IM)
Newsome, Cola K.....415 E. Mulberry (13) (GP)
Newton, Roger E.....1400 Lark La. (08) (OBG)
Nicholson, Raymond W.....3700 Bellemeade (15) (GP)
Niedermayer, Alfred J..960 Washington Ave. (13) (GP)
Nonte, Leo R.....715 First Ave. (10) (GS)

O

Oswald, Robert H.....326 S.E. Seventh St. (13) (OBG)
Ozsezen, Bulent A.....441 Tyler St. (15) (ANES)

P

Pastor, Julius W...3700 Washington Ave. (15) (ANES)
Pavlick, Theodore J.....1001 Walnut St. (13) (OPH)
Pemberton, Jack J.....611 Harriet (10) (GP)
Porro, Francis W...3700 Washington Ave. (15) (PATH)
Present, Julian D.....3700 Bellemeade (15) (GP)
Price, Shirley G.....420 Cherry St. (13) (GS)
Pugh, Willis L.....715 First Ave. (10) (ORS)

R

Radcliff, Forest F., Jr.....P.O. Box 5166 (15) (ORS)
Radcliffe, Lee E.....Box 92A, R. R. 8 (P)
Ratcliffe, Albert W.....P.O. Box 138 (01) (PATH)
Reich, Clarence E.....1209 N. Fulton (10) (GP)
Rietman, H. Jerome
19 Chandler, off Riverside (13) (P)
Ritchie, William D.....555 Herndon Dr. (11) (GP)
Ritz, Albert S.....3700 Bellemeade (15) (GS)
Robertson, James A...7209 E. Walnut St. (15) (PATH)
Rosenblatt, Bernard B.....502 Hulman Bldg. (08) (GP)
Royster, George M. (S)....19 N.W. 4th St. (08) (OTO)
Royster, Robert A.....3700 Bellemeade (15) (GS)
Rudolph, Kenneth J.....3700 Bellemeade (15) (OPH)
Rule, Ned P.....611 Harriett St. (U)
Rusche, Henry J.....313 W. Iowa (10) (GP)
Rusche, Thomas J.....1421 N. Main St. (11) (N)
Russell, Richard H.....1015 Harrelton Ct. (15) (ANES)

S

Schimmelpfennig, Robert W.
1013 Parrett St. (13) (PD)
Schirmer, Robert H.....1118 W. Franklin St. (10) (GP)
Schneider, Charles P...2211 W. Franklin St. (12) (GP)
Schriefer, Victor V.....1120 N. Main St. (11) (GP)
Sheehan, E. Gregg.....420 Cherry St. (13) (OBG)
Shively, Wyant J.....St. Mary's Hosp. (15) (PATH)
Siegel, Lyle P.....500 Oriole Dr. (15) (ANES)
Sinn, Charles M.....715 First Ave. (10) (IM)
Slaughter, Howard C.....1001 Walnut St. (13) (OPH)
Slaughter, John C., Jr.....3700 Bellemeade (15) (D)
Slaughter, Owen L.....3700 Bellemeade (15) (IM)
Smith, Gordon L.....19 Chandler Ave. (13) (P)
Smith, Roy M., Jr.....1307 Stringtown Rd. (11) (GP)
Snively, William D., Jr.....R. R. 1, Box 277 (12) (OM)
Sowa, Elizabeth.....1015 Hulman (OPH)
Sowa, Ronald W.....611 Harriett St. (ORS)
Spain, W. Thomas.....801 S.E. Third St. (13) (OBG)
Sprecher, Herman C.....5040 Bellemeade (15) (PR)
Springstun, Walter R.....715 First Ave. (10) (PD)
Steele, Paul W.....1218B Lincoln Ave. (14) (GP)
Sterne, John H.....P.O. Box 5166 (15) (ORS)
Stevens, Charles L.....527 S. Roosevelt (14) (PATH)
Stewart, L. Ray.....611 Harriett (14) (R)
Strueh, Paul E.....220 S. E. Seventh St. (13) (OTO)
Swan, Robert E.....420 Cherry St. (13) (D)

T

Teller, Thomas F.....706 Kenmore (OO)
Tilden, Margaret H.....P. O. Box 3205 (10) (ANES)
Tisserand, John B., Jr.....3700 Bellemeade (15) (D)
Tuholski, James M.....Mead Johnson & Co., 2404 Pennsylvania St. (21) (SR)
Tweedall, Daniel C.....715 First Ave. (10) (D)

U-V

Ulrey, Robert P.....130 E. Mill Rd. (11) (GP)
Valle, Santiago.....417 N. Weinbach Ave. (11) (GS)
Vancil, Martin E.
Mead Johnson Research Center (21) (SR)
Venables, Albert J.....420 Runnymeade (10) (PATH)
Viehe, Robert W. (S).....Box 718 (14) (GP)
Vincent, William A.....420 Cherry St. (13) (IM)
Visher, John W. (S)
510 E. Mt. Pleasant Rd. (11) (GP)
VonderHaar, Thomas E.....715 First Ave. (10) (IM)

W

Waddell, J. Ronald.....527 Sycamore St. (08) (GS)
Wait, Raymond B.....508 Martins Lane (15) (OBG)
Walter, Robert F.....1514 S. Kentucky Ave. (14) (GP)
Warner, Charles L.....420 Cherry St. (13) (PD)
Weber, Edgar H. (S)....123 S. E. Second St. (08) (OM)
Welborn, Mell B.....420 Cherry St. (13) (GS)
Pemberton, Jack J.....611 Harriet (10) (GP)
Wilhelmus, Gilbert M...1028 Washington Ave. (14) (GP)
Wilhelmus, Kenneth.....1100 Lincoln Ave. (14) (GP)
Williams, Jack O.....420 Cherry St. (13) (IM)
Willis, Charles F.....1100 S. Bedford Ave. (13) (GP)
Willison, George W.....3700 Bellemeade (15) (IM)
Wilson, David.....615 S. Willow Rd. (14) (ANES)
Wilson, John D.....3700 Bellemeade (15) (GP)
Winebrenner, John D.....950 Bond St. (07) (ADM)
Wilson, Ralph.....517 Mary St. (10) (GP)
Winebrenner, John D.....950 Bond St. (07) (ADM)
Woodward, Ben E.....420 Cherry St. (13) (ORS)

X-Y-Z

Young, C. Curtis, Jr...326 S.E. Seventh St. (13) (OBG)
Zeier, Francis G.....420 Cherry St. (13) (ORS)
Zimmerman, Harold.....6 S. E. Second St. (08) (GP)
Ziss, Robert C.....216 S. E. Riverside (13) (IM)
Zunker, Heinz O. H...1801 Mt. Auburn Rd. (15) (PATH)
Zwickel, Ralph E.....611 Harriett St. (10) (IM)

Woodall, Robert L.....1409 North St., Washington (47501) (PS)

Garst, Garland R.....1612 Clearview Dr. Louisville, Ky. (40222) (Resident)
McCarthy, Jos. C.....R. R. 2, Box 708 Newburgh (47630) (OO)
Higgins, James L.....1104 Vincennes Ave., Petersburg (47567) (GP)
Newman, Alvin E. (S)
2937 Coral Shores Dr., Ft. Lauderdale, Fla. (33306) (OO)

VERMILLION COUNTY

(See Parke-Vermillion)

VIGO COUNTY

Loving, Jury B.....New Goshen (47863) (GP)
McIntosh, Wilbert.....Riley (47871) (GP)
Jett, Clyde W.....Seelyville (47878) (IM)

Terre Haute

(Zip Code 478 plus zone number).

A

Anderson, Walter C.....2235 Wabash Ave. (07) (GS)
Ault, Roy J.....3050 Poplar St. (03) (OBG)

B

Bannon, William G.....400 Eighth Ave. (04) (IM)
Bloxdorf, John W.....P. O. Box 1468 (08) (PATH)
Blum, Leon L.....P.O. Box 1468 (08) (PATH)
Bopp, Henry W., Jr.....221 S. Sixth St. (01) (GS)
Bopp, James.....Union Hospital (08) (ANES)
Boyd, H. Clark.....221 S. Sixth St. (01) (OBG)

Bristol, Henry M. S.....1024 S. Sixth St. (07) (GP)
Bronson, Paul J. (S).....58 Allendale Pl. (02) (GS)
Brown, Robert R.....221 S. Sixth St. (01) (U)
Burkle, Robert J.....3050 Poplar St. (03) (ORS)

C

CaJacob, Melville E.....1000 S. Sixth St. (07) (GP)
Caldwell, Milton V.....416 Tribune Bldg. (01) (R)
Carpenter, Donald J.
507 Rose Dispensary Bldg. (01) (OPH)
Cavins, Alexander W. (S)..75 Allendale Pl. (02) (OBG)
Chau, Andrew Y. S.....405 S. Sixth St. (07) (GS)
Combs, Stuart R.....3050 Poplar St. (03) (IM)
Conklin, James O..310 Rose Dispensary Bldg. (01) (GS)
Connerley, Marion L.....107 S. Seventh St. (01) (CD)
Conway, Thomas J.....221 S. Sixth St. (01) (PD)
Cristee, James W.
500 Rose Dispensary Bldg. (01) (IM)
Crockett, Wayne A.....1024 S. Sixth St. (07) (IM)

D

Davis, Paul E.....1655 N. 7th St. (04) (GP)
Dierdorf, Fred W.....103 S. 23rd St. (03) (ANES)
Drummy, William W.....221 S. Sixth St. (01) (IM)
Dyer, George W.....2710 Wilson Dr. (07) (GP)

E-F

Edwards, Henry G.....518 S. 7th St. (01) (U)
El Issa, Sa'D.....221 S. 6th St. (01) (GS)
Ensey, Philip L.....Indiana State University (09) (GP)
Freed, John E.....1024 S. Sixth St. (07) (GS)

G

Gerrish, Donald A.....5206 Clinton Road (05) (GP)
Goodman, Hubert T. (S)..220 Gardendale Rd. (01) (GP)
Gossom, Donn R.....825 N. Third St. (07) (GS)

H

Harkness, Robert G. (S)
301 Rose Dispensary Bldg. (01) (GP)
Haslem, Ezra R. (S).....4951 Dixie Bee Rd. (02) (GP)
Haslem, John R.....221 S. Sixth St. (01) (GS)
Hetherington, John A.
414 Merchants Bank Bldg. (01) (NS)
Hogan, Thomas W.....P.O. Box 186 (01) (R)
Hoover, Dewey A.....1220 Wabash Ave. (01) (GP)
Humphrey, Paul E.....1235 Ohio Blvd. (07) (U)
Hunt, Edgar J. (S).....R. R. 1 (02) (GP)

J

Johnson, Edward M.....1630 Poplar St. (07) (OBG)
Johnson, Paul D., Jr.....822 N. 15th St. (07) (GS)
Justin, Renate G.....1024 S. Sixth St. (07) (GP)

K

Kabel, Robert N.....2201 Ohio Blvd. (03) (ORS)
Keffer, Harry L.....Union Hospital (08) (ANES)
Krieble, William W.....221 S. Sixth St. (01) (IM)
Kunkler, Arnold W.....1700 N. Seventh St. (04) (GS)
Kunkler, William C. (S)
212 Merchants Nat'l. Bank Bldg. (01) (GS)

L

LaBier, Clarence R., Jr. (S)....325 Ohio St. (01) (GP)
Lancet, Robert O.....221 S. Sixth St. (01) (GP)
Lee, James.....465 S. 25th St. (03) (PATH)
Lenyo, Ludimere.....221 S. Sixth St. (01) (IM)
Lo, Loretta S. Y.....405 S. Sixth St. (07) (ANES)
Loewenstein, Werner L...1537 S. Seventh St. (02) (GP)

M

McAleese, George B.....1024 S. Sixth St. (07) (GS)
McBride, Noel S.
407 Merchants Nat'l. Bank Bldg. (01) (OPH)
McCrea, Fred R.....221 S. Sixth St. (01) (R)
McEwen, James W.....321 Rose Dispensary Bldg. (01) (OPH)
McLaughlin, Gordon C.....1644 S. 25th St. (03) (PD)
Malone, Leander A.....721 Wabash Ave. (01) (R)
Mankin, William J..... 1655 N. Seventh St. (07) (OTO)
Mason, Lester M.
314 Merchants Nat'l. Bank Bldg. (01) (D)
Matter, Milton, Jr...Indiana State University (09) (GP)
Mattox, Don M.....1700 N. Seventh St. (04) (GS)
Meissel, Robert L.....920 N. 19th St. (07) (GP)
Miklozek, John E.....660 Idaho (02) (GP)
Mitchell, John R.....221 S. Sixth St. (01) (R)
Mitre, Isaac N.....1630 Poplar St. (07) (OBG)
Musselman, Glen G.....7222 Wabash Ave. (07) (ANES)

N-O

Neudorff, Louis G.....221 S. Sixth St. (01) (IM)
Nuval, Augusto J.....65 Heritage Dr. (03) (ANES)

P

Pearce, Roy V.....1440 S. 25th St. (03) (PD)
Peterson, Deward D.....221 S. Sixth St. (01) (R)

R

Reed, Robert C.....Union Hospital (08) (ANES)
Reynolds, Richard J.....72 Allendale Pl. (02) (IM)
Richart, James V. (S)
414 Rose Dispensary Bldg. (01) (GP)
Riggs, Floyd C. (S).....137 S. 24th St. (03) (GP)
Rogers, R. Shirrell.....1101 S. Sixth St. (02) (GP)
Rosene, Harold A., Jr.....221 S. Sixth St. (01) (ORS)
Rourke, Robert F.....631 S. 25th St. (02) (OBG)

S

Sablay, Nonito M.....7003 Williamsburg Lane (ANES)
Safavan, Efandiar.....221 S. 6th St. (01) (OTO)
Sarkar, Anil K.....1505 N. 7th St. (08) (PATH)
Sayers, Frank E. (S).....436 Bluebird Dr. (03) (OO)
Scherb, Burton E.....104 N. Seventh St. (01) (OTO)
Schumaker, Robert A.....3050 Poplar St. (03) (GP)
Scully, William E.....221 S. Sixth St. (01) (PD)
Shanklin, Vernon A. (S).208 Fairbanks Bldg. (03) (GP)
Showalter, John R.....1223 Maple Ave. (04) (GP)
Shriner, William C.....415 N. Ninth St. (07) (P)
Siebenmorgen, Paul.....1024 S. Sixth St. (07) (GP)
Silverman, Norman M.....1142 S. Center St. (02) (GP)
Sison, Rose D.....1024 S. Sixth St. (07) (PD)
Sison, Vicente G.....3050 Poplar St. (03) (ORS)
Speas, Robert C.....402 Tribune Bldg. (01) (OTO)
Stoelting, J. Lewis.....1724 N. Seventh St. (04) (OBG)
Strecker, William L.....1024 S. Sixth St. (07) (ANES)
Sullivan, John M.....2242 College Ave. (02) (GP)

T-U-V

Topping, Malachi C.....3050 Poplar St. (03) (ORS)
Vance, William C...Indiana State University (09) (PD)
Veach, William L.....1235 Ohio St. (07) (U)
Voges, Edward C.....702 College Ave. (02) (GP)

W

Weber, Joseph G. S.....723 Wabash Ave. (01) (R)
Weinbaum, Jack G.....Box 1468 (08) (PATH)
West, Roger F.....221 S. Sixth St. (01) (PD)
Wheeler, Byron C.....400 Eighth Ave. (04) (IM)
Wilson, Fred L.....1501 S. Third St. (02) (IM)
Win, Tun.....St. Anthony Hospital (08) (PATH)

X-Y-Z

Zwerner, Paul F.....2100 N. 12th St. (07) (GP)
Zimmer, Henry J.....3055 Poplar St. (03) (OM)

WABASH COUNTY

Poehler, Fred C.....La Fontaine (46940) (GP)

North Manchester

(*Zip Code* 46962)

Balsbaugh, George K.....107 W. Seventh St. (GP)
Bunker, Ladoska Z.....201 N. Mill St. (GP)

Dziabis, Marvin D.....Oak Park (PATH)
Eiler, Paul A.....1104 N. Wayne St. (GP)
Kidd, James G. (S).....Timbercrest (OO)
McFadden, Wilbur D.....1104 N. Wayne St. (GP)
Seward, George W.....111 E. Main St. (OTO)
Silvers, Michael.....1104 N. Wayne St. (GP)
Smith, Lloyd H.....1104 N. Wayne St. (GP)

Wabash
(*Zip Code* 46992)

Boaz, William D.....645 N. Spring St. (GP)
Dannacher, William D.....400 Ash St. (GS)
Dragoo, John R.....Wabash Clinic (GP)
Dunham, Henry H.....1025 Manchester (R)
Ellis, David L.....101 Shady Lane (ANES)
Elward, Carl J.....1025 Manchester (PATH)
Gatzimos, Christos D...Wabash County Hospital (PATH)
Gifford, J. Dean.....Wabash County Hospital (PATH)
Hanneken, Vincent J.....119 Highland Dr. (GP)
LaSalle, Richard M.....645 N. Spring St. (GP)
LaSalle, Robert M., Jr.....645 N. Spring St. (GS)
LaSalle, Robert M., Sr.....R. R. #4 (GP)
Mernitz, Roland B., Jr.....400 Ash St. (GS)
Mills, John F.....24 E. Main St. (OTO)
Pearson, William E.....290 N. Wabash (GP)
Rauh, Robert A.....400 Ash St. (GP)
Smyrniotis, Frank.....645 N. Spring St. (IM)
Steffen, Julius T. (S).....443 N. Wabash (GP)
Stoops, Jean T.....400 Ash St. (GP)
Zydlo, Stanley M.....P.O. Box 625 (GP)

WARREN COUNTY

(See Fountain-Warren)

WARRICK COUNTY

Boonville
(*Zip Code* 47601)

Hoover, Peter B.....223 W. Locust St. (GP)
Martin, Noel J.....214 S. Second St. (GP)
Ruiz, Carlos M.....123 S. Second St. (GP)
Terry, Robert H.....316 S. Third St. (GP)

Camacho, Ernesto M.....Chandler (47610(PD)
Colvin, Robert C.....Newburgh (47630) (GP)
Dimmett, James D.....2039 Carrhill Rd., Vienna, Va. (22180) (P)

WASHINGTON COUNTY

Tower, Thomas K.....Campbellsburg (47108) (GP)
Manship, C. Stanley.....Hardinsburg (47125) (GP)
Carty, Charles B.....Pekin (47165) (GP)

Salem
(*Zip Code* 47167)

Apple, Eddie R.....P.O. Box 391 (GP)
Castueras, Flor T.....906 W. Mulberry (OO)
Coleman, Henry G.....Mitchell Bldg. (GP)
Huckleberry, Irvin E. (S).....P.O. Box 67 (GP)

WAYNE-UNION COUNTIES

Hill, Paul G.....Cambridge City (47327) (GP)
Kenyon, C. Emil (S)....Cambridge City (47327) (GP)
Mendoza, Felicisimo S.....Cambridge City (47327) (GP)
Barton, Willoughby M.....Centerville (47330) (GP)
Hutchison, Donald R.....Fountain City (47341) (GP)
Hollenberg, Alfred E.....Hagerstown (47346) (GP)
Leonard, Dale F.....Hagerstown (47346) (GP)

McWilliams, William B. (S)
R. R. 2, Liberty (47353) (GP)

Richmond
(*Zip Code* 47374)

Adney, Frank B., Jr.....1015 S. A St. (U)
Ake, Loren.....213 Medical Arts Bldg. (GP)
Allen, Robert T.....34 S. Seventh St. (OPH)
Anderson, Robert C.....Richmond State Hosp. (P)
Ballenger, William E. (S) 309 Medical Arts Bldg. (OTO)
Blossom, Paul W.....825 S. A St. (GP)
Butler, Richard.....307 Medical Arts Bldg. (GP)
Cabigas, Jose S.....2000 W. Main St. (GP)
Clarkson, Clarence G.....1350 Chester Blvd. (GP)
Coble, Frank H.....51 S. Eighth St. (OPH)
Cox, Leon T. (S).....1210 E. Main St. (GP)
Curiel, Hector J.....16 S.W. 18th St. (GS)
Daggy, James R.....4284 S. C. Court (GP)
Deanovic, Frank W.....107 Medical Arts Bldg. (D)
Dehner, John R.....Reid Memorial Hospital (R)
Dingle, Paul E.....127 Medical Arts Bldg. (OBG)
Ebbinghouse, Tom.....98 W. Main St. (GP)
Gibson, Alois E.....1250 Chester Blvd. (ORS)
Guthrie, James R.....100 N. 15th St. (IM)
Hagie, Franklin E.....100 N. 15th St. (GP)
Harmon, Carl J.....311 Medical Arts Bldg. (GP)
Hibner, Dan W.....307 Medical Arts Bldg. (GP)
Isaacs, Sidney.....2200 S. 23rd St. (ANES)
Jeans, Robert F.....84 S. 14th St. (P)
Johnson, George M.....1250 Chester Blvd. (GS)
Klepfer, Jefferson F.....Richmond State Hospital (P)
Kreitl, Dorothy R.....Richmond State Hospital (P)
Lee, Glen Ward.....100 N. 15th St. (U)
Lewis, James R.....1250 Chester Blvd. (IM)
Ling, John F.....1250 Chester Blvd. (IM)
Logan, James Z.....84 S. 14th St. (GS)
Loomis, Charles H.....100 N. 15th St. (GS)
McIlroy, Richard J.....1000 W. Main St. (P)
Mader, John H.....2000 E. Main St. (IM)
Miller, Harold L.....1250 Chester Blvd. (ORS)
Millis, Arthur B.....1250 Chester Blvd. (IM)
Paraiso, Antonio Q.....313 Medical Arts Bldg. (OBG)
Park, Byron J.....1250 Chester Blvd. (ORS)
Plasterer, Edward D.....212 S. 16th St. (PD)
Porter, George S.....920 Whitewater Blvd. (OBG)
Ramsdell, Glen A.....1015 S. A Street (IM)
Runge, Paul W.....100 N. 15th St. (IM)
Sage, Charles V., Jr.....48 S. 11th St. (GP)
Schmitt, Robert W.....25 Circle Drive (P)
Sherer, Kenneth E.....1250 Chester Blvd. (GS)
Shields, Tom S.....47 S. 11th St. (OTO)
Short, John A.....4284 So. C. Court (ANES)
Snyder, Morris C.....810 S. A St. (GP)
Spellmeyer, John C.....Reid Memorial Hospital (R)
Stepleton, John D.....Reid Memorial Hospital (PATH)
Stilwell, William R.....2607 South C Place (ANES)
Wambo, John M.....920 White Water Blvd. (OBG)
Warren, Robert J.....217 Medical Arts Bldg. (PD)
Warrick, Francis B.....100 N. 15th St. (IM)
Weitemier, Raymond A.....2000 E. Main St. (PD)
Wertenberger, Morris D.
779 Greenmount Pike, R. R. 2 (R)
Wiland, Olin K.....Reid Memorial Hospital (PATH)
Woodman, Kenneth S.....1250 Chester Blvd. (GS)
Wynegar, David E.....Richmond State Hospital (NS)
Zore, Joseph J.....1308 North A Street (PD)

Shepard, Fred F.....College Corner, Ohio (45003) (GP)

WELLS COUNTY

Bluffton
(*Zip Code* 46714)

Bradley, Louis F.....303 S. Main St. (IM)
Buckner, Joy F. (S).....Box 87 (GP)
Caylor, Charles H.....303 S. Main St. (U)
Caylor, Harold D. (S).....303 S. Main St. (GS)
Caylor, Truman E. (S).....303 S. Main St. (U)
Collins, Jack T.....303 S. Main St. (IM)
Cook, Robert G.....303 S. Main St. (OTO)
Dorrance, Thomas O.....303 S. Main St. (PD)
Eisaman, Jack L.....303 S. Main St. (IM)
Gitlin, William A.....121 E. Market St. (GP)
Graf, Russell E.....1110 Highland Park Circle (OO)

Hendeles, Frieda R.....303 S. Main St. (P)
Huffman, Galen C.....303 S. Main St. (P)
Jackson, Charles E.....303 S. Main St. (IM)
Jaurnig, Russell R.....303 S. Main St. (R)
Johnston, Robert L.....811 S. Morgan St. (IM)
Kephart, S. Bruce.....303 S. Main St. (OBG)
Lohmuller, Herbert W.....303 S. Main St. (IM)
McCaslin, Charles W.....303 S. Main St. (IM)
Matzen, Richard N.....303 S. Main St. (IM)
Mayock, Peter P.....303 S. Main St. (IM)
Meier, Donald W.....303 S. Main St. (GS)
Mock, L. Farrell.....303 S. Main St. (ORS)
Mudrony-Szoke, Jeno B.....303 S. Main St. (R)
Panos, Constantine G.....227 S. Main St. (GP)
Pietz, David G.....303 S. Main St. (IM)
Pitts, Neal C.....303 S. Main St. (IM)
Prough, Wendell A.....303 S. Main St. (OPH)
Shaw, Glenn R.....303 S. Main St. (OBG)
Steckbeck, Robert L.....303 S. Main St. (ANES)
Strehler, Don A.....303 S. Main St. (PD)
Talbert, Pierre C.....303 S. Main St. (GS)
Yoder, Richard P.....303 S. Main St. (IM)

Stevens, Adam C.....Kendallville (46755) (R)
Gingerick, Charles M.....Liberty Center (46766) (GP)
Kinzer, LeRoy D.....Markle (46770) (GP)
Miller, Gerald L.....Markle (46770) (GP)
Hardin, Wayne E.....Ossian (46777) (GP)

Huebner, Gilbert D...1776 K. St., Washington, D.C. (GS)
Rudy, Donald B.
P. O. Mnene, via Belingwe, Rhodesia, S. Africa (GS)
Schaefer, Joseph C.....V.A. Hospital,
510 E. Stoner Ave., Shreveport, La. (71101) (PATH)

WHITE COUNTY

McClure, Stanley E.....Monon (47959) (GP)

Monticello

(*Zip Code* 47960)

Dickerson, W. Martin.....1114 O'Connor Blvd. (GP)
Fields, Max L.....Western Heights (GP)
Hibner, Nolan A.....222 S. Main St. (GP)
Jehanyar, M. Ali.....116 N. Illinois St. (GP)
Morris, Warren V.....115 W. Marion St. (GP)

Forbes, Violet.....Wolcott (47995) (GP)

WHITLEY COUNTY

Minick, Linus J.....Churubusco (46723) (GP)

Columbia City

(*Zip Code* 46725)

Hamilton, Thomas.....115 S. Main St. (GP)
Heritier, C. Jules.....700 Hill Dr. (GP)
Lehmberg, Otto F. C. (S)....118 E. Van Buren St. (GP)
Niccum, Warren L.....215 E. Van Buren St. (PD)
Reid, Donald B.....2 Hallmark Square (GP)
Roth, James R.....323 N. Chauncey (GP)
Thompson, Frank M.....510 N. Main St. (IM)
Vogel, John L.....215 E. Van Buren St. (IM)
Wait, Jerome H.....360 N. Oak (GP)
Wilson, John.....122 N. Main St. (GP)

Stalter, Gaylord W.....North Webster (46555) (GP)
Mishler, Joe B...P. O. Box 276, Pierceton (46562) (GP)
Yoder, Dewey D. (S) R. R. #1, Pierceton (46562) (OTO)
Huffman, Verlin P.
201 N. State St., South Whitley (46787) (GP)

WOMAN'S AUXILIARY
to the
INDIANA STATE MEDICAL ASSOCIATION
1971-72

EXECUTIVE COMMITTEE

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AMA-ERF TREASURER	Mrs. A. L. Roby	2707 Utica Pike	Jeffersonville 47130
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MENTAL HEALTH	Mrs. J. Carl Jones	R. R. 3	Logansport 46947
SAFETY-DISASTER PREPAREDNESS	Mrs. Donald Bomalaski	501 West 9th St.	Jasper 47542

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CHAIRMAN OF WOMEN'S ACTIVITIES, 1971 ISMA CONVENTION	Mrs. John Pittman,	201 West 106th St.	Indianapolis 46290
CONVENTION CHAIRMEN, 1972 HOUSE OF DELEGATES	Mrs. William N. Ellis and	4908 East 46th St.	Indianapolis 46226
	Mrs. E. Carl Hann	5218 Laurel Hall Drive	Indianapolis 46226
WA-SAMA LIAISON	Mrs. Herbert Egbert	419 West 63rd St.	Indianapolis 46260
ISMA ADVISORY COMMITTEE	Dr. Donald Kerr	1415 20th St.	Bedford 42421

MEMBERSHIP ROSTER—BY COUNTIES

ADAMS COUNTY

Berne

(*Zip Code* 46711)

Beaver, Mrs. Norman E.....866 Columbia
Boze, Mrs. Robert L.....R. R. 1

Decatur

(*Zip Code* 46733)

Burk, Mrs. James M.....221 S. 3rd St.
Carroll, Mrs. John C.....R. R. 5
Doan, Mrs. John.....R. R. 5
Freeby, Mrs. C. William.....R. R. 1
Girod, Mrs. Arthur A.....R. R. 6
Parrish, Mrs. Richard K.....242 S. 2nd St.
Rich, Mrs. Norval S.....R. R. 4
Zwick, Mrs. Harold F.....104 E. Rugg

ALLEN COUNTY

Bluffton

(*Zip Code* 46714)

Brickley, Mrs. Harry D.....401 S. Main St.
Buckner, Mrs. Joy.....P.O. Box 87
Hamilton, Mrs. O. G.....203 E. Central Dr.

Fort Wayne

(*Zip Code* 46805 *unless otherwise indicated.*)

A

Acker, Mrs. Herbert.....2112 Lakewood Dr. (09)
Adams, Mrs. E. Wade....1902 Forest Park Blvd.
Ahlbrand, Mrs. Roland C...4820 Chaucer Dr. (15)
Aiken, Mrs. Arthur F.....8331 Waterswolde (25)
Aiken, Mrs. Nevin E.....5540 N. Clinton St.
Aldred, Mrs. Allen W.....3636 Rosewood Dr. (04)
Andrew, Mrs. Jerald..401 W. Sherwood Ter. (07)

Arata, Mrs. Justin E.....224 Ludwig Rd. (25)
Ashman, Mrs. William C.....1018 Kinnaird (07)
Aust, Mrs. Charles H...7137 Roseann Pkwy. (04)

B

Ball, Mrs. John R...13434 Aboite Center Rd. (04)
Baltes, Mrs. Joseph H.....1309 Sunset Dr. (07)
Barch, Mrs. John W.....4921 Desoto Dr.
Bauman, Mrs. Richard L.....5219 Langsdon Pass (05)
Beams, Mrs. Ralph...3710 Wawonaissa Trail (11)
Beierlein, Mrs. Karl M.....2716 Butler Road (08)
Beights, Mrs. Raymond.....4505 Fairlawn Pass
Bergendahl, Mrs. Emil.....1202 Illsley Dr. (07)
Beutler, Mrs. Theodore 3505 S. Washington Rd. (04)
Billingsley, Mrs. John....4720 Crestwood Dr. (07)
Bixler, Mrs. J. A.....5220 Corydon Court (15)
Blichert, Mrs. Peter A. 449 W. Sherwood Terrace (07)
Bolander, Mrs. J. E.....6614 Monarch Dr.
Bollheimer, Mrs. Donald A. 3705 Bluegrass Lane
Borders, Mrs. Theodore R.....1802 Nevada St.
Bossard, Mrs. John W.....1611 Alabama
Bower, Mrs. Richard E...7019 Balmoral Dr. (04)
Bowers, Mrs. Geo. W....7916 Covington Rd. (04)
Brandt, Mrs. William.....3535 Kirkland Lane
Braunlin, Mrs. Robert J.....3423 Kirkland Lane
Bridges, Mrs. W. Lloyd..207 Southridge Rd. (25)
Bromley, Mrs. Luman W. 1225 W. Sherwood Ter. (07)
Brosius, Mrs. Robert H.....3302 Garland
Brown, Mrs. Frederic W. 1813 Woodmoor Dr. (04)
Brucker, Mrs. Perry A.....2933 Kingsley Dr.
Bryan, Mrs. Franklin A.....3006 Devon Dr.
Buchholz, Mrs. J. G.....6807 Penmoken Dr. (09)
Buckner, Mrs. Doster....2710 Bosworth Dr. (05)
Buckner, Mrs. George D.....4327 Hampshire Dr.

C

Carlo, Mrs. Ernest.....5205 Indiana (07)
Cast, Mrs. William.....4138 S. Harrison (07)
Chambers, Mrs. Alan....1408 Three Rivers Apts. East (02)
Chase, Mrs. J. A...4120 N. Washington Road (04)
Clark, Mrs. William R. Jr...532 Oakdale Dr. (07)
Clark, Mrs. Wm. R.....4002 S. Harrison (07)
Close, Mrs. Frederick W...544 Kinnaird Ave. (07)
Cochran, Mrs. H. A., Jr...706 Nightfall Rd. (07)
Connelly, Mrs. Jerry.....3321 Glencairn (05)
Connelly, Mrs. Richard D.....3016 Kingsley Dr.
Cooney, Mrs. Charles J. 2620 Covington Club Court (04)
Cottrell, Mrs. Robert F...5125 Worthman Ct. (07)
Craig, Mrs. Richard M.....5435 Woodhurst (07)

D

Dauscher, Mrs. Dean D....5303 Cresthill Dr. (04)
Davidoff, Mrs. Manuel A...6300 Midnight Pass Rd. Apt. 705 Sarasota, Florida 33581
Donesa, Mrs. Antonio B.....4023 Spanish Trail
Dunstone, Mrs. H. Carter 2525 Paulding Rd. (06)

E

Emme, Mrs. Richard W....4429 Imperial Park Dr. (15)
Epps, Mrs. James H.....2935 Devon Dr. (05)

F

Farquhar, Mrs. John S.....714 Reed Rd. (05)
Ferguson, Mrs. Arthur N. 5533 S. Wayne Ave., Apt. # 6 (07)
Fiacable, Mrs. Joseph P..5626 Dartmouth Dr. (25)
Flaherty, Mrs. Robert....1835 Forest Park Blvd.
Fox, Mrs. Richard....1249 W. Branning Ave. (07)
Foy, Mrs. Thomas.....3635 Delray Dr.
Franke, Mrs. Gordon R...6216 Midwood Dr. (15)
Frankhouser, Mrs. C. M..1518 Woodmore Dr. (04)
Fullam, Mrs. Richard.....4159 Woodstock

G

Gastineau, Mrs. David C..8203 Westridge Rd. (25)
Gerding, Mrs. William J...1721 Forest Park Blvd.
Giffin, Mrs. Charles....7939 Scottwood Court (04)
Glassley, Mrs. Stephen.....6950 Stellhorn Rd.
Glock, Mrs. Maurice E...1502 Hawthorne Rd. (04)
Glock, Mrs. Steven R.....3427 Amulet Dr. (02)
Goebel, Mrs. Carl W.....4102 S. Harrison (07)
Gould, Mrs. John C....2921 Old Orchard Rd. (04)
Graham, Mrs. George M...1126 W. Rudisill (07)
Graham, Mrs. James C.....3024 Canterbury Blvd. (15)
Green, Mrs. Robert F...4429 W. Hamilton Rd. (09)
Greenlee, Mrs. Robert L.....3344 Sanibel Dr.
Greist, Mrs. Walter D.....4809 Arlington (07)
Griffith, Mrs. Harold R...1913 Forest Park Blvd.
Gumbert, Mrs. Jack L...3315 Adirondack Dr. (06)

H

Hackett, Mrs. Walter G..5220 Crandon Lane (04)
Haffner, Mrs. Herman G..3606 Mulberry Rd. (04)
Haley, Mrs. Alvin J.....6001 Ranger Trail (15)
Hall, Mrs. William R.....8721 Fortuna Way
Haller, Mrs. Richard C...229 W. Wallen Rd. (08)
Hamilton, Mrs. Emory D.....2405 Florida Dr.
Hamilton, Mrs. George.....4531 Highwood Dr.
Harris, Mrs. James J...6126 Gaymoor Lane (15)
Hasewinkle, Mrs. August M...3544 Kirkland Lane
Hastings, Mrs. Warren C.....1822 Kensington Rd.
Hattendorf, Mrs. A. Paul..4041 Old Mill Rd. (07)
Havens, Mrs. Russell E.....3721 Inwood
Helmer, Mrs. Fredric A.....8828 Maravilla Dr.
Herendeen, Mrs. Thomas L..1023 Shoreworth (09)
Hershberger, Mrs. Philip G. 5525 Covington Rd. (04)
Hickman, Mrs. Donald M.....3409 Delray
Hillery, Mrs. Robert.....3513 Kirkland Lane
Hipskind, Mrs. Richard E...1416 Woodmoor (04)
Hoffman, Mrs. Arthur F...3619 Harris Rd. (08)
Holsinger, Mrs. Robert E. 3466 S. Washington Rd. (04)
Hoog, Mrs. John M...1617 Kensington Blvd. (05)
Hoover, Mrs. Joseph.....415 Blake Dr. (08)
Howe, Mrs. Fordyce L.....2540 Springfield
Hull, Mrs. DeWayne L.....3511 Delray

I & J

Irmscher, Mrs. Geo. W.....2024 Florida Dr.
Isenogle, Mrs. Kenneth.....11118 Kings Crossing (25)
Jackson, Mrs. John F...5315 Cloverbrook Dr. (06)
Johnston, Mrs. Richard.....2533 Bellevue Dr.
Jontz, Mrs. Joseph.....8307 Waterswolde (25)
Jontz, Mrs. Richard L.....5314 Damask Dr.
Juergens, Mrs. Richard.....8233 Parkridge (25)

K

Kachman, Mrs. Rudy A.....2501 Merivale (05)
Karol, Mrs. Herbert J.....1725 Ardmore (04)
Kaufman, Mrs. Julian R...5405 Old Mill Rd. (07)
Keck, Mrs. Carleton A.....4633 Crestwood (07)
Kent, Mrs. Richard N.....1515 Hickory St.
Keyes, Mrs. Robert C.....1226 Illsley (07)
Kilgore, Mrs. Byron.....3110 Glencairn Dr.
Kimbrough, Mrs. Robert..4745 Hartman Rd. (07)
Kleifgen, Mrs. Wm. A.....4602 Tacoma (07)

Kleopfer, Mrs. Ronald G.....6321 Sharon Dr. (25)
Klooze, Mrs. Kenneth W.....723 W. Packard (07)
Knight, Mrs. Lewis W.....3502 Glencairn Dr.
Krueger, Mrs. John.....4910 Midlothian Rd. (15)
Kruse, Mrs. Walter E.....4006 Spanish Trail

L

Ladig, Mrs. Donald S.....2720 Fairfield (07)
Laker, Mrs. Gene C.....4635 Old Mill Rd. (07)
Laker, Mrs. Richard J.....1244 W. Rudisill (07)
Lampe, Mrs. Elfred H...4255 Hartman Rd. (07)
Laycock, Mrs. Richard.....4909 Midlothian (15)
Lee, Mrs. John W.....3336 Rockwood Dr.
Leming, Mrs. Ben L...1024 Shoreworth Trail (09)
Lenk, Mrs. George G.....5507 E. State St.
Lloyd, Mrs. Robert P.
3838 W. Washington Rd. (04)
Logan, Mrs. Richard S.....5225 Vance
Lohman, Mrs. Robert M...1320 Westover Rd. (07)
Lorman, Mrs. James G.....4926 Midlothian (15)
Loudermilk, Mrs. Jack L.....3032 Glencairn Dr
Lyster, Mrs. Richard F.....3512 Maxim Dr. (05)

M

McCallister, Mrs. John W...4215 Drury Lane (07)
McCaslin, Mrs. D. L...7638 Hope Farm Road (05)
McDowell, Mrs. George A...2322 Forest Park Blvd.
McEachern, Mrs. Cecil....4242 Old Mill Rd. (07)
McKeeman, Mrs Donald H.....1615 Ardmore (04)
Maldia, Mrs. Godofredo M...8717 Manor Dr. (25)
Mann, Mrs. R. E.....1316 Old Lantern Trail (25)
Manning, Mrs. George....4115 Indiana Ave. (07)
Mastrangelo, Mrs. Michael J.
1914 Kensington Blvd.
Mensch, Mrs. James R.....2120 Forest Park Blvd.
Meyer, Mrs. Theo. O.....3728 Kirkwood
Michaelis, Mrs. Stephen C...1255 Korte Lane (07)
Miller, Mrs. Carl G.....457 Oakdale Dr. (07)
Miller, Mrs. Don E.....2503 Palisade Dr. (06)
Miller, Mrs. E. D.....3222 Jonquil Dr. (05)
Miller, Mrs. H. Paul.....6408 S. Calhoun (07)
Miller, Mrs. Mahlon F.....3922 W. Taylor Rd.
Apt. 62 (04)
Miller, Mrs. Orval J.....1810 Kensington
Miller, Mrs. Richard.....5516 Indiana (07)
Moats, Mrs. Carl F...3210 N. Washington Rd. (04)
Moeller, Mrs. Victor C...4723 St. Joe Center Rd.
(15)
Morey, Mrs. Edwin.....6841 Bluemist Rd. (09)
Morgan, Mrs. Milton M..8214 Park Ridge Dr. (25)
Mortenson, Mrs. Leland J.
1310 W. Foster Pkwy. (07)
Mueller, Mrs. Lawrence W.
3423 S. Washington Rd. (04)

N-O

Nill, Mrs. John H.....5316 South Wayne (07)
Nolan, Mrs. Gerald R.
2631 Covington Club Ct. (04)
O'Brian, Mrs. John F.....8757 Maysville Rd.

P

Pancner, Mrs. Ronald J..6912 Woodbrook Dr. (25)
Parker, Mrs. C. B.....2215 Paulding Rd. (06)
Parrot, Mrs. Donald J.....4926 Chaucer (15)
Patterson, Mrs. Jack W.....8914 Maravilla Dr.
Perrin, Mrs. Kermit F.....2828 Lake Ave.
Pickett, Mrs. Merle E.....4509 Trierwood
Popp, Mrs. Milton F.....3148 Parnell Ave.
Priddy, Mrs. Marvin.....3902 Bonita Place

R

Rank, Mrs. William B.....1704 Old Lantern Trail
(25)
Reed, Mrs. John D.....3940 Dalewood Dr.
Reszel, Mrs. Paul A.....4016 Hedwig Dr.
Rhee, Mrs. Sang K.....2827 Roscommon (05)
Richardson, Mrs. Joseph H.....8726 Fortuna Way
Rissing, Mrs. Walter J.....3200 Irvington
Roser, Mrs. Arthur J.... 5576 Covington Rd. (04)
Rothberg, Mrs. Maurice..4319 Hartman Rd. (07)
Rousseau, Mrs. John W.....3018 Devon Dr.
Rusher, Mrs. M. W.....5116 Ivy Brook Ave. (15)

S

Salon, Mrs. Harry W...4017 Hiawatha Blvd. (07)
Salon, Mrs. Joel.....4935 Old Mill Rd. (07)
Salon, Mrs. Nathan L.
3505 N. Washington Rd. (04)
Sarver, Mrs. Francis E.....4629 Tacoma (07)
Savage, Mrs. Arthur R...208 Southridge Rd. (25)
Scheeringa, Mrs. Ronald H.
2805 Greenbriar Dr. (04)
Schlademan, Mrs. Karl R...5231 Old Mill Rd. (07)
Schleinkofer, Mrs. Robert ...4820 Midlothian (15)
Schmidt, Mrs. Eugene E.....1119 Maxine Dr. (07)
Schmoll, Mrs. Robert J.....605 W. Fairfax (07)
Schneider, Mrs. Louis A.
1351 W. Sherwood Tr. (07)
Schoen, Mrs. Frederic L...6920 Blue Mist Rd. (09)
Schoenhals, Mrs. Charles E.....5431 Vance Ave.
Schubert, Mrs. Jerome C.
10725 Old Colony Rd. (25)
Scudder, Mrs. James.....1619 Forest Park Blvd.
Senseny, Mrs. Eugene F..3112 Beaver Ave. (07)
Shinabery, Mrs. Lawerence
212 Three Rivers North (02)
Shugart, Mrs. Robert R.
4206 N. Washington Rd. (04)
Sidel, Mrs. Alan W.....7129 Duane Dr.
Sidell, Mrs. James.....3912 Bonita Pl.
Silvero, Mrs. Hubert L...7102 Antehellum Bl. (05)
Sirlin, Mrs. E. M.....2615 Trier Rd.
Smith, Mrs. C. Curtis.....5134 Vance Ave.
Smith, Mrs. Philip L.....5416 South Wayne (07)
Smith, Mrs. Roger C.....7005 Winnebago
Snyderman, Mrs. Sanford C.
3222 N. Wash. Rd. (04)
Spencer, Mrs. C. Herbert
2106 Paulding Rd. (06)
Stanley, Mrs. Robert G.
2807 Club Terrace Rd. (04)
Stauffer, Mrs. Richard C.....3924 Spanish Trail
Steigmeyer, Mrs. David J.....6809 Woodcrest
Stier, Mrs. Paul..R. R. 6, 13120 Ravine Trail (04)
Stovall, Mrs. Alfred.....4211 Woodstock Dr.
Stucky, Mrs. Jerry L.....4167 Woodstock Ave.
Sullivan, Mrs. Robert E...4925 Midlothian Dr. (15)
Swearingen, Mrs. Alfred G...810 Valley-O-Pine Rd.

T

Terrill, Mrs. Richard.....4727 Old Mill Rd. (07)
Thomas, Mrs. J. R.....3036 Tonawanda (05)
Tomusk, Mrs. August N.
1620 Forest Park Blvd.
Towles, Mrs. Jeff H.....4231 Boca Trail
Trier, Mrs. Herbert P.....1618 Forest Park Blvd.
Tunnell, Mrs. Harry D. III
1605 Randalia (05)
Tyndall, Mrs. J. Phillip..3306 Rockwood Dr. (05)

U-V

Ungemach, Mrs. Willo F.....3929 Wenonah (07)
Vogel, Mrs. Lloyd A.....4819 Midlothian Dr. (15)
Voorhees, Mrs. Robert J...2018 Forrest Valley Dr.

W

Wade, Mrs. Reynolds W., Jr...4105 Dalewood Dr.
Walker, Mrs. Floyd.....1202 Forest Ave.

Wallace, Mrs. Collins R.....126 Timber Lane
Weber, Mrs. John R.....5315 S. Wayne
Wick, Mrs. Alfred A.....2320 Springfield Ave.
Wilson, Mrs. Leslie.....4864 Reed Rd. (15)
Wilson, Mrs. Roland B.....4100 Abbott (06)
Wright, Mrs. William C.....1834 Pemberton Dr.

Z

Zweig, Mrs. Elmer S.....2015 Pemberton

New Haven

(*Zip Code* 46774)

Dahling, Mrs. C. Wallace..Carefree Farms, R. R. 2
Dahling, Mrs. Fred W.....R. R. 1, Box 9A
Hoetzer, Mrs. Eldore M.....5233 Doyle Rd.
Stumpf, Mrs. Edwin E.....1316 Werling Rd.

Somers, Mrs. Gerald.....R. R. 2, Box 41B, Angola (46703)
Harvey, Mrs. H. C.....107 Methodist Dr., Franklin (46131)
Gentile, Mrs. J. Paul.....R. R. 1, Grabill (46741)
Mackel, Mrs. Frederick R. R. 1, Huntertown (46748)
Harless, Mrs. O. Fred.....Monroeville (46773)
Schlegel, Mrs. Edward 2009 Freize Ave., Ann Arbor, Mich. (48104)

BARTHOLOMEW-BROWN COUNTIES

Columbus

(*Zip Code* 47201)

Able, Mrs. Walter.....R. R. 2
Adler, Mrs. David L.....4224 N. Riverside Dr.
Beggs, Mrs. Lowell F.....2733 Riverside Dr.
Bush, Mrs. Robert.....2729 Riverside Dr.
Daugherty, Mrs. Forest D...R. R. 1, Indian Hills
Davis, Mrs. Marvin R.....2300 N. Washington St.
Dugan, Mrs. Thomas.....2661 18th St.
Echsner, Mrs. Herman J.....300 Tipton Lane
Fisher, Mrs. Walter S.....3450 Nugent
Fortner, Mrs. Roy E.....R. R. # 2
Franz, Mrs. Sherman.....3835 Village Dr.
Hart, Mrs. Robert B.....1203 16th St.
Hauersperger, Mrs. Alfred D...4450 N. Riverside Dr.
Hawes, Mrs. Marvin E.....2975 Franklin Dr
Jacobs, Mrs. Robert.....2710 Taylor Rd.
James, Mrs. Carroll.....2634 Chestnut
Knotts, Mrs. Halleck S.....2740 Washington St.
Krueger, Mrs. Robert B.....811 27th St.
Macy, Mrs. George W.....2335 Riverside Dr.
Marr, Mrs. Griffith.....Marr Rd., R. R. 1
McCullough, Mrs. Henry G. Old Indianapolis Rd., R. R. 4
Mohler, Mrs. Floyd W.....308 Sunset Dr.
Nelson, Mrs. Bryan.....3031 Revere Court
O'Bryan, Mrs. Richard B...3306 Grove Parkway
Pearce, Mrs. Wm.....1601 Hunter Place
Rau, Mrs. Charles A.....1312 Audubon Dr.
Richmond, Mrs. Harold W.....1725 Washington
Ryan, Mrs. C. David.....4025 N. Riverside Dr.
Ryan, Mrs. Wm. J.....3224 Grove Parkway
Sandlin, Mrs. Donald L.....R. R. 7
Schmitt, Mrs. Richard K.....2639 Riverside Dr.
Schneider, Mrs. Kenneth D...4250 N. Riverside Dr.
Sebehar, Mrs. Duane A.....2640 18th St.
Stribling, Mrs. James L.....4232 N. Riverside Dr.
Weinland, Mrs. George C.....R. R. 5
Weisenberger, Mrs. Brockton..3305 Wooland Pkwy.
Wigh, Mrs. Russell.....2767 Lafayette Ave.
Williams, Mrs. E. W.....1815 Park Valley Dr.

BOONE COUNTY

Lebanon

(*Zip Code* 46052)

Boyer, Mrs. Don.....210 E. Drive
Burns, Mrs. Keith.....2109 Center Dr.
Coons, Mrs. John D.....121 Ulen Blvd.
Coons, Mrs. Ritchie.....138 Ulen Blvd.
Honan, Mrs. Paul.....202 East Dr.
Kern, Mrs. Clarence G.....1019 N. Meridian
Lenox, Mrs. Jack.....203 East Dr.
McAfee, Mrs. James.....1997 Terrace Lane
Mukhtar, Mrs. Fuad.....126 Ulen Blvd.
Perkins, Mrs. Thornton.....2213 Terrace Lane
Weddle, Mrs. Charles O.....2209 Terrace Lane
Wiseheart, Mrs. Robert H.....123 Ulen Blvd.

Schaaf, Mrs. Alvin D.....Jamestown (46147)
Gregg, Mrs. Edwin.....110 W. Main, Thorntown (46071)

CARROLL COUNTY

Delphi

(*Zip Code* 46923)

Baker, Mrs. Eldon E.....R. R. 4, Box 144
Petry, Mrs. T. Neal.....130 W. Summit St.
Seese, Mrs. Robert M.....201 W. North St.
Wagoner, Mrs. Geo. W.....305 W. Summit St.

Eller, Mrs. Alvan..R. R. # 1 Box 13, Flora 46929

CASS COUNTY

Logansport

(*Zip Code* 46947)

Bailey, Mrs. Earl W.....2522 North
Bean, Mrs. Joseph S.....R. R. 1, Box 167
Brewer, Mrs. Robert A.....803 E. Broadway
Burnett, Mrs. Paul C.....2606 High St. Rd.
Dian, Mrs. August J.....Logansport State Hosp.
Eckert, Mrs. Russell A.....15 Frederick St.
Fish, Mrs. James C.....Greenlawn Dr.
Glendening, Mrs. Richard L.....2300 Broadway
Hall, Mrs. Bernard R.....3400 E. Broadway
Hedde, Mrs. Eugene L.....2304 Chase Rd.
Hillis, Mrs. L. J.....2410 Hastye Hyll
Horning, Mrs. Richard R...Logansport State Hosp.
Howard, Mrs. Joseph D.....829 E. Market St.
Jones, Mrs. J. Carl.....R. R. 3
Karnafel, Mrs. Eugene T.....R. R. 2, Box 80
King, Mrs. Jay M.....2319 Mayfair Dr.
Mamaril, Mrs. B. F.....17 Cleveland St.
Maschmeyer, Mrs. R. H...Logansport State Hosp.
Morrical, Mrs. Russell J.....415 Highland
Pfuetze, Mrs. Max E.....2905 High St. Rd.
Williams, Mrs. Earl K.....1214 E. Broadway
Wilson, Mrs. Paul H.....2600 Hastye Hyll

CLARK COUNTY

Charlestown

(*Zip Code* 47111)

Goodman, Mrs. Eli.....333 Oriole Dr.
Horlander, Mrs. Fridolin.....Stacy Road
Jones, Mrs. David.....State Rd. 403
Voskuhl, Mrs. William L.....Redbud Dr.

Clarksville

(*Zip Code* 47131)

McKechnie, Mrs. Robert K...1554 Blackiston Mill Rd.
Mudd, Mrs. Joseph.....103 Rosewood Dr.
Willner, Mrs. Alan.....214 Rosewood Dr.
Wolverton, Mrs. George.....115 Rosewood Dr.

Jeffersonville

(*Zip Code* 47130)

Buckley, Mrs. Ernest.....1469 E. 8th St.
Clark, Mrs. William B.....435 Spring St.
Golden, Mrs. Wm. Y.....1929 Utica Pike

Gutman, Mrs. Gordon..R. R. 3, Blackiston Mill Rd.
Havens, Mrs. Alfred Lyle.....1934 Utica Pike
Huoni, Mrs. John.....6 Blanchel Terrace
Isler, Mrs. Nathaniel C.....901 Morningside Dr.
Oca, Mrs. Clemente F.....2101 Utica Pike
Reed, Mrs. Edsel.....4 Pawnee Dr.
Roby, Mrs. A. L.....Rt. 9, Box 91, Utica Pike
Torres, Mrs. Jose.....1423 Ridgeway Dr.

Sellersburg
(*Zip Code* 47172)

Meyer, Mrs. Claude J.....225 W. Utica St.
Regan, Mrs. George.....7917 Highway 31W
Robertson, Mrs. Robert E.....615 W. Utica St.
Sturgis, Mrs. Donald G.....542 Linnwood
Vandevert, Mrs. Arthur.....202 Highland

Bachman, Mrs. Keith
350 W. Center, Madisonville, In 42431
Carr, Mrs. Joseph H., Pine Rd., Henryville (47126)
Greene, Mrs. W. R.....Henryville (47126)
Bizer, Mrs. Mier....502 Country Lane, Louisville, Ky. (40205)
Cosio, Mrs. Julio....404 Club Lane, Louisville, Ky. (40205)
Duque, Mrs. Fausto..407 Rolling Lane, Louisville, Ky. (40207)
Heideman, Mrs. David
6203 Innes Trace Rd., Louisville, Ky. 40222

DEARBORN COUNTY

Aurora
(*Zip Code* 47001)

Baker, Mrs. Leslie M.....204 Fifth St.
Frable, Mrs. Frank.....412 Sunnyside Ave.
Olcott, Mrs. Charles.....305 Sunnyside Ave.
Lindgren, Mrs. Ivan.....306 Maple St.

Fessler, Mrs. Gordon.....Rising Sun (47040)

Lawrenceburg
(*Zip Code* 47025)

Bowen, Mrs. Gerald.....808 Tanner Ave.
Conrad, Mrs. Henry.....370 Bielby Rd.
Houston, Mrs. Fred D.....533 Ludlow St.
Morrison, Mrs. George.....35 DeJerns Lane
Pfeifer, Mrs. James M.....550 Ludlow
Rhodes, Mrs. Alfred.....548 Ridge Ave.
Scudder, Mrs. Gary E.....Kirby Ave.
Streck, Mrs. Francis A.....547 Ridge Ave.

DECATUR COUNTY

Greensburg
(*Zip Code* 47240)

Acher, Mrs. Robert P.....446 E. Washington
Callaghan, Mrs. W. C.....403 Barachel Lane
Dickson, Mrs. Dale D.....700 N. East St.
Domingo, Mrs. Richard C.....R.R. 3, Hillcrest
Ducanes, Mrs. Arnold D.....R.R. 3, Hillcrest
Miller, Mrs. James C.....R. R. # 5
Morrison, Mrs. J. Trevor....161 N. Michigan Ave.
Shaffer, Mrs. William R.....214 N. Franklin

DELAWARE-BLACKFORD COUNTIES

Hill, Mrs. Robert.....Yorktown (47396)
Hurley, Mrs. John
P.O. Box 545, Daleville (47334)
Puterbaugh, Mrs. Karl.....Albany (47320)
Montgomery, Mrs. Lall G.
Box 149A, RFD 1, Gaston (47342)
William, Mrs. Joe .....R. R. # 1 Gaston
Egger, Mrs. Ross
R.R. 1, Box 182, Middletown (47356)
Owsley, Mrs. Guy...214 N. High St., Hartford City (47348)

Muncie
(*Zip Code* 47304 *unless otherwise indicated*)

A

Adams, Mrs. William B.....4608 W. Jackson St.
Alexander, Mrs. Jack.....2301 Audubon
Alvey, Mrs. Charles R.....3830 University Ave.
Ashburn, Mrs. Clarence.....2202 W. Purdue Rd.

B

Ball, Mrs. Clay A.....23 Green Briar Apts.
Ball, Mrs. Philip.....2820 W. Main St.
Benken, Mrs. Lawrence.....11 Hampshire
Baltzer, Mrs. Donald.....23 Timberlane
Bergwall, Mrs. Warren.....20 Burnell Dr.
Bibler, Mrs. Henry.....2625 S. Parkway Dr.
Border, Mrs. John F.....3009 Gishler Dr.
Botkin, Mrs. Thomas
R. R. 7, Box 145, Brevington Woods (02)
Branam, Mrs. George.....38 Warwick Rd.
Brown, Mrs. Leland.....605 Waid Ave.
Brown, Mrs. Stewart D.....19 Hickory Rd. (03)
Brown, Mrs. Thomas.....R. R. 6, Box 191 (02)
Burwell, Mrs. Stanley W.....3124 W. Gilbert
Butterfield, Mrs. R. M.....222 Winthrop Rd.

C

Clark, Mrs. Robert.....3124 University Ave.
Cole, Mrs. Larry.....625 Riley Road
Cooley, Mrs. Paul P.....3003 Oaklyn
Covalt, Mrs. Wendell E.....304 Alden
Cullison, Mrs. John.....2601 Parkway Dr.

D

Dersch, Mrs. David.....305 Greenbriar
Dietz, Mrs. David J.....1713 Brentwood Lane
Dunning, Mrs. Thomas.....3301 N. Tillotson Ave.
Dutchman, Mrs. William R.....1003 N. Shellbark

E-F

Fiederlein, Mrs. Frederick.....308 Wildwood

G

Geckler, Mrs. Charles E...1007 W. North St. (03)
Gibson, Mrs. Robert.....2306 Timber Lane
Goodell, Mrs. Charles.....5 Briar Rd.
Gray, Mrs. Stuart.....3851 University
Greiber, Mrs. Marvin.....306 Greenbriar Rd.
Gustafson, Mrs. Milton H.....230 Stradling Rd.

H-I

Hall, Mrs. Robert S.....701 Brentwood
Hayes, Mrs. T. R.....19 Warwick Rd.
Henderson, Mrs. Ramon.....52 Warwick Rd.
High, Mrs. Ralph.....2825 University Ave.
Hollingsworth, Mrs. Thomas..8211 BraeBurn N.D.
Holmes, Mrs. John.....903 W. Gilbert (05)
Hostetter, Mrs. I. S.....1011 Beachwood
Imhof, Mrs. J. D.....46 Warwick Rd.
Jay, Mrs. Arthur.....1700 Winthrop

K

Kalker, Mrs. Morton.....704 Greenbriar Rd.
Ko, Mrs. Richard.....3315 Cornwall
Koch, Mrs. Edwin F., Jr.....915 University Ave.
Koss, Mrs. K. William.....707 Greenbriar

L

Lawson, Mrs. Lawrence.....3117 Petty Rd.

M-N

Mathewson, Mrs. R. C.
R. R. 9, Box 157, Benton Rd.
McCallister, Mrs. Larry.....25 Warwick Rd.
McClintock, Mrs. James A...3121 University Ave.
Montgomery, Mrs. Ralph.....3300 Godman
Moore, Mrs. Jack.....2306 Park Lane
Nelson, Mrs. Harold E.....3216 Torquay Rd.
Newnam, Mrs. Philip.....2500 Brooks Dr.

O

Osborne, Mrs. John.....3119 Petty Road

P-Q

Peacock, Mrs. Robert.....R. R. 3 (02)
Pell, Mrs. Donald.....3109 Godman
Pippinger, Mrs. Joseph
2200 Twickingham Dr. (02)
Pippinger, Mrs. W. G.....1200 N. Tillotson
Quick, Mrs. William J.....Moore Rd., R. R. 7 (05)

R

Reedy, Mrs. Richard.....118 Allen Rd.
Rivers, Mrs. Glynn.....307 Alden Rd.
Roch, Mrs. Marshall.....1720 E. Robinwood Lane

S

Schulhof, Mrs. M. G.....1914 Woodmont (04)
Searight, Mrs. Howard
R. R. 2, Box 66, Burlington Drive (02)
Shaw, Mrs. Mathew.....2206 Woodward Dr.
Speck, Mrs. Carlson.....3208 University
Stanley, Mrs. John R.....2303 Redding (02)
Stibbins, Mrs. Warren E.....609 Brentwood
Stout, Mrs. Francis E.....102 Berwyn Rd. (04)

T

Tharp, Mrs. Donald.....3121 Petty Rd.
Tharp, Mrs. John.....2214 Twickingham Dr.
Tomlin, Mrs. Hugh M.....2920 Beechwood Ave.

V-W

Voss, Mrs. Gert.....77 Warwick Rd.
Ware, Mrs. Herbert.....1700 Glen Ellyn
Weisner, Mrs. Richard
R. R. 3, Box 347, Oaklawn (02)
Wince, Mrs. Leland.....1704 Brentwood

Y

Yarling, Mrs. John.....1705 W. North St.
Young, Mrs. G. S.....114 Berwyn Rd.

Cooper, Mrs. John H.....R. R. 1, Eaton (47338)
Hinchman. Mrs. Jean.....Parker (47368)
Walker, Mrs. Jack.....R. R. 1, Box 163A,
Yorktown (47396)

DUBOIS COUNTY

Backer, Mrs. Henry George
Ohio St., Ferdinand (47532)
Erhart, Mrs. Herbert G.....Ferdinand (47532)
Fajardo, Mrs. Manuel
Box 126, Ferdinand (47532)
Heck, Mrs. Martin.....Christmas Lake Village,
Santa Claus (47579)

Huntingburg

(*Zip Code* 47542)

Amini, Mrs. Sohrab.....211 - 4th St.
Borges, Mrs. Victor J.....Leland Dr.
Bretz, Mrs. John.....Orchard Ridge
Craig, Mrs. Harry.....R. R. 1
Scales, Mrs. Alfred B.....Holland Rd.
Scales, Mrs. Allen D.....Cedar Heights
Stork, Mrs. Harvey K.....523 First St.

Jasper

(*Zip Code* 47546)

Beaven, Mrs. John.....910 W. 13th St.
Bomalaski, Mrs. Don.....501 W. Ninth St.
Gootee, Mrs. Francis.....R. R. 1
Gootee, Mrs. Thomas.....1328 Dorbett St.
Kemper, Mrs. Bernard.....1809 Newton
Klamer, Mrs. Charles H.....616 W. 13th St.
Ploetner, Mrs. Edward.....1344 Dorbett St.
Salb, Mrs. J. P.....R. R. 5, Box 3A
Wagner, Mrs. Arthur L.....825 W. 13th St.

ELKHART COUNTY

Bristol

(*Zip Code* 46507)

Neidballa, Mrs. E. G.....W. Vistula St.

Elkhart

(*Zip Code* 46514)

Atwood, Mrs. Wm. H., Jr.....303 S. Nappanee St.
Bender, Mrs. Robert L.....300 Robair Lane
Benson, Mrs. James E.....1629 Rainbow Bend Dr.
Billings, Mrs. Elmer R.....2022 E. Jackson Blvd.
Bloom, Mrs. George R.....1100 E. Jackson Blvd.
Bowdoin, Mrs. George E.....2725 Vernon Ave.
Campbell, Mrs. Patrick B.....1517 Meadow Lane
Classen, Mrs. Pete R. C.....4112 S. Main St.
Compton, Mrs. Walter A.....2225 Greenleaf Blvd.
Cormican, Mrs. Herbert L.
1950 Rainbow Bend Blvd.
Dovey, Mrs. Edward G., Jr...1604 Springbrook Dr.
Durham, Mrs. Thomas E.....135 S. Vine St.
Echeverria, Mrs. Rodolfo E..1665 North Shore Dr.
Elliott, Mrs. Thomas A.....5 Kim Court
Finfrock, Mrs. James D.....608 S. West Blvd.
Fleming, Mrs. Claude F.....229 W. Jackson Blvd.
Futterknecht, Mrs. James O..1640 Brookwood Dr.
Gattman, Mrs. G. Beach.....1319 Lawn Ave.
Hannah, Mrs. Jack W.....1906 E. Jackson Blvd.
Harrell, Mrs. Ronald R.....R. R. 5, Box 31-9
Heiser, Mrs. Ervin.....520 South West Blvd.
Heminway, Mrs. Norman L.
1700 Rainbow Bend Blvd.
Horswell, Mrs. R. G.....1629 E. Jackson Blvd.
Hull, Mrs. Arthur W.....3333 Greenleaf Blvd.
Jones, Mrs. Robert B., Jr.
1839 Rainbow Bend Blvd.
Kesim, Mrs. Mufit Husam
1608 Springbrook Drive
Kinter, Mrs. Burton E.....3520 E. Jackson Blvd.
Knight, Mrs. Larry E.....1615 Greenbrier
Krause, Mrs. Frederick.....9 Rio Lindo Dr.
Luther, Mrs. William C.....3006 East Lake Dr. S.
McArt, Mrs. Bruce A.....2412 Kenilworth Dr.
Mark, Mrs. George A.....3139 Frailey Dr.
Markel, Mrs. Ivan J.....215 W. Franklin St.
Martin, Mrs. Paul H.....1519 Strong Ave.
Miller, Mrs. Donald G.....1520 E. Mishawaka Rd.
Miller, Mrs. Galen R.....2229 Thorndale Ct.
Miller, Mrs. Hugh A., Jr.....417 Prospect St.
Miller, Mrs. Samuel T.....174 Witmer Ave.
Mininger, Mrs. Edward P...1118 E. Jackson Blvd.
Mishkin, Mrs. Irving...1809 Rainbow Bend Blvd.
Mishkin, Mrs. Marvin E.
522 S. Highland Ave.
O'Donovan, Mrs. C. J.....2308 Broadmoor Dr.
Paff, Mrs. Wm. A.....1509 Meadow Lane
Paine, Mrs. George E.....329 Meisner Ave.
Pancost, Mrs. Vernon K.....160 Riverview Ave.
Papadopoulos, Mrs. Aris.....1729 Victoria Dr.
Parshall, Mrs. Dale B.....3538 Gordon Rd.
Pletcher, Mrs. William D.....350 Hiawatha Drive
Rouen, Mrs. Robert L.....2002 E. Jackson Blvd.
Rupe, Mrs. Lloyd O.....R. R. 4, Oakland Ave. Rd.
Rupel, Mrs. Dennis F.....130 W. Beardsley Ave.
Scheer, Mrs. Alexander L.....1529 Ash Dr., E.
South, Mrs. Dale R., Jr.....21 St. Joe Manor
Spray, Mrs. Page E.....658 Kilbourn St.
Stubbins, Mrs. William..1703 Rainbow Bend Blvd.
Swihart, Mrs. Homer R.....1621 E. Jackson Blvd.
Wilson, Mrs. Orley E.....2505 Greenleaf Blvd.
Work, Mrs. James A., Jr.....22 St. Joseph Manor
Yoder, Mrs. C. Richard..1600 Rainbow Bend Blvd.
Zeitler, Mrs. Philip S.....1509 Meadow Lane

Goshen

(*Zip Code* 46526)

Bender, Mrs. John M.....Box 36K, R. R. 5
Bigler, Mrs. Frederick W.....124 Parmley Dr.

Bowser, Mrs. Philip G.....707 S. 7th St.
Chandler, Mrs. Leon H.....412 S. Fifth St.
Freeman, Mrs. Floyd M.....309 E. Washington St.
Graber, Mrs. Virgil R.....R. R. 2, Box 107
Gunderson, Mrs. Shaun D.....Box 334
Haney, Mrs. Leslie.....R. R. 3
Harris, Mrs. Neil Revere.....628 S. 5th St.
Kennedy, Mrs. Myron S.....R. R. 5, Box 22B
Krabill, Mrs. Willard S.....120 Carter Rd.
Martin, Mrs. Floyd S.....2301 S. Main St.
Massanari, Mrs. Walter S.....211 Egbert Rd.
Minter, Mrs. Donald L.....2604 Woodlawn Dr.
Price, Mrs. Robert W.....214 South 6th
Smucker, Mrs. Ernest E.....R. R. 5, Bluff Rd.
Stoltzfus, Mrs. Glenn....R. R. #5 Riverview Dr.
Troyer, Mrs. Dana O.....1727 S. 13th St.
Troyer, Mrs. George W.....110 Woodlawn Dr.
Turner, Mrs. John P.....507 Greene Road
Westfall, Mrs. George S.....307 W. Kercher Rd.
Yoder, Mrs. Carl J.....R.R. 5
Yoder, Mrs. Jonathan G.....900 LeRoy St.

Nappanee
(*Zip Code* 46550)

Graber, Mrs. Alvin Ray.....R. R. 1, Box 216
Kendall, Mrs. F. M.....654 Woodland
Price, Mrs. Douglas W.....607 E. Van Buren

Fosbrink, Mrs. E. L.....218 S. Huntington, Box 157, Syracuse (46567)
Zimmerman, Mrs. W. H.
R. R. # 2 Box 31, Syracuse 46567
Quilty, Mrs. Thomas J..R. R. 1, New Paris (46553)

Wakarusa
(*Zip Code* 46573)

Abel, Mrs. Robert.....105 E. Harrison
Guttman, Mrs. John B. .....109 Broadview Dr.
Miller, Mrs. James R...306 W. Waterford, Box 446
Lundt, Mrs. Milo Oliver
R. R. # 3, Box 92, Edwardsburg, Mich. 49112

FAYETTE-FRANKLIN COUNTIES

Brookville
(*Zip Code* 47012)

Seal, Mrs. Perry F.....901 Main

Connersville
(*Zip Code* 47331)

Angeles, Mrs. Armando E.....Highland Drive
Clark, Mrs. Helen Nevin.....401 Western Ave.
Ellis, Mrs. George M.....108 East 10th St.
Gregg, Mrs. Albert F.....900 Oak St.
Hudson, Mrs. Arlington M.....Alquina Rd.
Janes, Mrs. R. G.....8 Dorsett Dr., R. R. 2
Kauffman, Mrs. Robert W.....R. F. D. 2
Kerrigan, Mrs. William F. .....R. F. D. 6
Lockhart, Mrs. Jack M.....308 West Dr.
Mountain, Mrs. Francis B.....320 Center Dr.
Neukamp, Mrs. Frank H.....R. R. 6
Renforth, Mrs. William.....612 Tulip Lane
Sanders, Mrs. Bertram W.....1533 Virginia Ave.
Steinem, Mrs. Joseph L.....R. R. 3
Watterson, Mrs. Gerald T.....1704 Virginia Ave.

FLOYD COUNTY

Jeffersonville
(*Zip Code* 47130)

Bundy, Mrs. Vernon.....1308 Triangle Dr.
Receveur, Mrs. Paul E.....472 Gutford Road

New Albany
(*Zip Code* 47150)

Baxter, Mrs. J. W., Jr.....426 Woodrow Ave.
Best, Mrs. Maurice M.....1233 Vance Ave.
Bowman, Mrs. Leon.....927 Pennwood Dr.
Brown, Mrs. K. H.....1654 Hedden Park
Buchman, Mrs. Marshall.....1824 State St.
Cannon, Mrs. Daniel H.....1203 E. Spring St.
Cook, Mrs. Melvin.....2505 Glenwood Park
Garner, Mrs. William H., Jr.....1510 Sunset Dr.
Garner, Mrs. Wm. H., Sr.....922 E. Spring St.
Hess, Mrs. P. Patrick.....1313 Ridgeway Ave.
Johnson, Mrs. William V.....1540 Sunset Dr.
Jones, Mrs. Thomas.....1647 Hedden Park
LaFollette, Mrs. Donald R.
Box 494-1, R. R. 2, Quarry Road
LaFollette, Mrs. Robert E.....2515 Glenwood Ct.
Nedelkoff, Mrs. Bogdan.....R. R. 2, Box 500
Paris, Mrs. John M.....2003 Lindbergh Ct.
Pierce, Mrs. Gene S.....1425 Bellmeade Dr.
Pope, Mrs. Howard.....1003 Castlewood Dr.
Robertson, Mrs. A. N.....323 E. Ninth St.
Ruoff, Mrs. William.....1109 Lafayette Dr.
Sonne, Mrs. Irvin H.....1546 Sunset Dr.
Streepey, Mrs. Jefferson I.....1919 DePauw Ave.
Voyles, Mrs. Harry.....425 Beharrel Ave.
Wallace, Mrs. Elmer L.....1804 DePauw Ave.
Wolfe, Mrs. Morton F.....2533 Glenwood Ct.
Wolfe, Mrs. Nelson A.....2007 Graybrook Lane
Worley, Mrs. H. L.....1923 DePauw Ave.

Bickers, Mrs. Everett E.....R. R. 2, Box 428, Old Hill Rd., Floyds Knobs (47119)
Higgins, Mrs. John R.
R. R. 2, Box 405-C, Floyds Knobs (47119)
McCullough, Mrs. James
Box 447, Skyline Drive, Floyds Knobs (47119)
Receveur, Mrs. Robert E.
R.R. 1, Box 50-A, Floyds Knobs (47119)

FULTON COUNTY

Miller, Mrs. Virgil C.....P. O. Box 37, Akron (46910)
Kraning, Mrs. Kenneth K.
834 West Shore Dr., Culver (46511)
Rosero, Mrs. M. Geo.....Kewanna (46939)

Rochester
(*Zip Code* 46975)

Herendeen, Mrs. Elbie V.....317 W. Seventh St.
Knochel, Mrs. Wayne.....R. R. 2, Box 119-A
Richardson, Mrs. Chas. L.....R. R. 2, Box 276
Richardson, Mrs. Joseph D.....R. R. 2
Rowe, Mrs. Howard H.....417 W. Ninth St.
Rusler, Mrs. William J.....R. R. 2
Stinson, Mrs. Dean K.....1318 Main St.
Walton, Mrs. Richard .....R. R. # 2

GIBSON COUNTY

Geick, Mrs. Raymond G...207 N. Main, Ft. Branch (47533)
Marchand, Mrs. Edwin V.....Haubstadt (47539)

Oakland City
(*Zip Code* 47560)

Dye, Mrs. William E.....518 S. Jackson St.

Princeton
(*Zip Code* 47570)

Carpentier, Mrs. Harry F.....319 E. State St.
Folck, Mrs. John K.....528 N. Main St.
Graves, Mrs. Orville M.....125 W. Walnut St.
McCarty, Mrs. Virgil.....403 W. Spruce St.
McElroy, Mrs. Robert S.....404 W. Walnut St.
Peck, Mrs. James F.....605 W. Monroe St.
Weitzel, Mrs. Roland E.....309 W. Spruce St.
Wells, Mrs. William R.....Broadview Addition

GRANT COUNTY

Marion

(*Zip Code* 46952)

Abell, Mrs. Charles F.....717 Jeffras Ave., P.O. Box 95
Adams, Mrs. Luther V.A. Hospital, Staff Quarters 38
Alderfer, Mrs. Henry.....919 Euclid Ave.
Ansbacher, Mrs. Stefan.....1115 Overlook Rd.
Ayres, Mrs. W. W.....1807 Hawthorne Rd.
Beck, Mrs. Thomas.....2234 South Road 600 W. Road
Belcher, Mrs. Alan D.....5021 N. Peconga Dr.
Boldy, Mrs. Mirhan...2146 Frederick Dr. Apt. A.
Braunlin, Mrs. Robert.....P.O. Box 96
Brown, Mrs. Robert M.....825 Euclid Ave.
Caldwell, Mrs. Richard B...2610 East Bocock Road
Chan, Mrs. John.....2105-D Frederick Dr.
Chaney, Mrs. Robert D.....1326 Woodland Dr.
Comeau, Mrs. Wm. J., Jr.....918 Hawthorne Rd.
Cunningham, Mrs. Robert.....1017 Euclid Ave.
Davis, Mrs. Joseph B.....1315 Sheridan Rd.
Davis, Mrs. Merrill S.....723 Euclid Ave.
Donaldson, Mrs. Miles.....512 Spencer Ave.
Fisher, Mrs. Henry.....3940 W. 300 S.
Fisher, Mrs. Pierre J., Jr.....911 Overlook Rd.
Fuelling, Mrs. James....4285 North Road, R. R. 7
Ganz, Mrs. Max.....904 Jeffras Ave.
Goldsmith, Mrs. David.....2711 River Rd.
Grant, Mrs. Arthur M.....3602 Wildwood Dr.
Guevara, Mrs. Teodoro.....607 Windsor Dr.
Hemphill, Mrs. Roger.....1609 Chapel Pike
Hummel, Mrs. R. M.....2411 Lommel Lane
Jarrett, Mrs. John C.....3418 Wildwood Dr.
Kershner, Mrs. Charles R.....915 Wabash Ave.
Khalouf, Mrs. Herbert C.....2036 Kem Rd.
Lahr, Mrs. Richard.....815 Jeffras Ave.
Lavengood, Mrs. Russell W....1195 E. Charles Rd., R. R. 7
Lonngren, Mrs. Dudley.....611 Cardinal Lane
Miller, Mrs. H. Allison.....1010 W. Fourth St.
Musselman, Mrs. L. K.....673 E. 200 S.
Pattison, Mrs. John D.....1315 Elm Lane
Pearcy, Mrs. Marcene 2970 North Road, 220 East, R. R. 7
Powell, Mrs. J. P.....127 River Dr.
Rajachar, Mrs. Mathikore.....1725 Saxon Dr.
Reid, Mrs. James D.....932 Gustave Pl.
Renbarger, Mrs. Lester.....2111 Wabash Pike
Rhamy, Mrs. Donald E.....310 N. Charles Rd.
Rhorer, Mrs. John G.....711 Wabash Ave.
Shuck, Mrs. William A., Jr.....1114 Overlook Rd.
Simmons, Mrs. Frederick H.....2607 Beech Lane
Skomp, Mrs. Claud E.....1123 Euclid Ave.
Smith, Mrs. Barton T.....515 Val Lane
Smith, Mrs. Eurett E.....R. R. 1, 5089 Peconga
Tomlinson, Mrs. Jerry A.....203 North E. St.
Walton, Mrs. R. Lee.....607 Cardinal Lane
Warren, Mrs. Carroll B.....1211 Euclid Ave.
Wilson, Mrs. Ned A.....2455 River Rd.
Young, Mrs. Robert G.....1207 Northwood Dr.

Shrock, Mrs. E. E.....Box 187, Amboy (46911)
Malott, Mrs. Fred 105 W. Marion, Converse (46919)
Yale, Mrs. Charles 524 S. Main St., Fairmount (46928)
Garrison, Mrs. L. J.....515 E. Main St., Gas City (46933)
Koontz, Mrs. William A.....334 E. Main, Gas City (46933)
Shoemaker, Mrs. Richard L.....604 N. Third St., Gas City (46933)
Baskett, Mrs. R. J.....412 S. Main St., Jonesboro (46938)
Poehler, Mrs. Frederick C...LaFountaine (46940)
Taylor, Mrs. E. C...226 E. Anson, Upland (46989)
Rifner, Mrs. Eugene....1051 N. 500 E, Van Buren (46991)
Rhamy, Mrs. Arthur P....R.R. 5, Wabash (46992)

HANCOCK COUNTY

Scott, Mrs. Robert.....Charlottesville (46117)
Garrison, Mrs. James.....Cumberland (46229)
Arive, Mrs. Floro F.....12205 Old Orchard Dr., Indianapolis (46236)
Thomas, Mrs. Andrew.....2129 Braeburn Pkwy., Indianapolis (46219)

Greenfield

(*Zip Code* 46140)

Adams, Mrs. Robert.....822 Oak Blvd.
Anderson, Mrs. James T.....1302 Bittersweet Dr.
Beeson, Mrs. Wilbur.....209 N. Penn
Endicott, Mrs. Wayne.....115 McClelland
Farrell, Mrs. John J., Jr.....North St., Rd. 9
Henn, Mrs. R. Anthony.....137 W. Michigan
Hunter, Mrs. Donn R.....843 Maple Dr.
Kinneman, Mrs. Robert E.....120 McClelland Dr.
Kirby, Mrs. Ted C.....122 Grandison Rd.
Moenning, Mrs. John E.....R.R. 4, Box 311A
Pareja, Mrs. Frank.....1420 Bittersweet
Singco, Mrs. Bienvenido O.....1513 Brunner Dr.
Smith, Mrs. John H.....144 Grandison Rd.
Vingis, Mrs. Bronie A.....705 N. State St.
Woods, Mrs. James R.....18 Lincoln

Cagle, Mrs. Robert.....New Palestine (46163)
Miller, Mrs. Joseph A.....R. R. 12, Box 230 Y, Oaklandon (46236)
Kuhn, Mrs. Robert.....Wilkinson (46186)

HENDRICKS COUNTY

Baker, Mrs. Glen W.....R. 1, Box 170-M, Brownsburg (46112)
Black, Mrs. James.....R. 1, Box 167-B, Brownsburg (46112)
Scudder, Mrs. A. N.....24 N. Grant, Brownsburg (46112)
Walker, Mrs. Thomas R. R. 1, Box 93-A, Brownsburg (46112)
Hibbeln, Mrs. Thomas J. 1112 Oakwood Trail, Indianapolis 46260

Danville

(*Zip Code* 46122)

Calhoon, Mrs. John.....R. R. 3, Box 1
Cheesman, Mrs. Donald D.....Round Hill Ct.
Gibbs, Mrs. Joseph W.....445 E. Mill St.
Heinlein, Mrs. Carl L.....540 S. Cross
Kerlin, Mrs. Joseph.....160 Urban St.
Kirtley, Mrs. Robert W.....350 Urban St.
Koch, Mrs. Elmer.....301 S. Bowen
Terry, Mrs. Lloyd.....292 W. Marion

Ellis, Mrs. L. Hall.....Lizton (46149)
Scamahorn, Mrs. Malcolm O.....Pittsboro (46167)

Plainfield

(*Zip Code* 46168)

Clark, Mrs. Eric D.....207 East Dr.
Coats, Mrs. Eli.....28 Karyn Dr., R. 2
Cohen, Mrs. Irving.....645 E. Main St.
Folkening, Mrs. Mark N.....631 Kentucky
Haggard, Mrs. David B.....R. R. 2, Box 249
Stafford, Mrs. William C. P.O. Box 97C, 625 S.E. St.
Warbinton, Mrs. Fred P.....504 S. Carr Road

HENRY COUNTY

New Castle

(*Zip Code* 47362)

Bitler, Mrs. C. C.....603 S. Eleventh St.
Bledsoe, Mrs. James G.....319 S. 14th
Brock, Mrs. J. T.....100 Van Nuys Rd.
Burnett, Mrs. Arthur.....801 Melody Lane
Campbell, Mrs. Sam W.....901 McCormack Dr.
Donahue, Mrs. Francis.....415 Raintree Dr.
Easter, Mrs. James N.....520 Edgewood
Fisher, Mrs. John E.....1135 Woodlawn Dr.
Foster, Mrs. Ray T.....420 N. Main St.
Harrison, Mrs. Benjamin L.....233 Bundy Ave.
Heilman, Mrs. William C., Jr...1112 St. James Ct.
Hill, Mrs. Kenneth G.....707 Leland
KinKade, Mrs. Paul T.....3306 W. Acre Dr.
May, Mrs. A. J.....606 Black Rd.
McDonald, Mrs. Frank C.....365 Trojan Lane
McElroy, Mrs. James S.....1213 Audubon Rd.
McKee, Mrs. Roy G.....606 Fairoaks Rd.
Murray, Mrs. William E.....100 Van Nuys Rd.
Paz, Mrs. Luis.....Rutherford Road S., R.R.
Pollack, Mrs. Seymour.....Box 34
Saint, Mrs. William.....705 Hawthorn Rd.
Smith, Mrs. Mark.....631 S. 11th St.
Stauffer, Mrs. Geo. E.....2705 S. Memorial Dr.
Steussy, Mrs. Calvin N.....601 Hoosier Dr.
Stout, Mrs. Walter M.....522 S. 12th St.
Stricker, Mrs. Paul J.....719 Fair Oaks Dr.
Vivian, Mrs. Donald E.....R. R. 4
Webb, Mrs. O. Lynn.....Audubon Rd.
Wiggins, Mrs. D. S.....219 S. 12th St.
Wilhelm, Mrs. Guido P.....100 Leland St.

Marshall, Mrs. Lloyd....Walnut St., Mt. Summit (47361)
Robertson, Mrs. William S.....213 W. Main St., Spiceland (47385)
Amos, Mrs. Robert L.....116 Villa Dr., Sorrento Shore, Osprey, Fla. (33559)

HOWARD COUNTY

Smith, Mrs. Charles
10512 Spring Hill Dr., R. R. 1, Carmel (46032)
Denton, Mrs. Larkin D....S. Meridian, Greentown (46936)

Kokomo

(*Zip Code* 46901)

Adams, Mrs. C. J.....1216 W. Superior
Alward, Mrs. J. H.....401 W. Walnut
Artis, Mrs. Myrle E.....900 E. Broadway
Bowers, Mrs. Copeland C.....1530 W. Taylor
Bowers, Mrs. Garvey B.....421 Morningside
Bowers, Mrs. John A.....1535 W. Jefferson
Brown, Mrs. Richard J.....920 Bellevue Pl.
Cattell, Mrs. Lee M.....1718 W. Walnut
Clevinger, Mrs. Wm...1901 South Park, Apt. F 123
Conley, Mrs. Thomas M.....2811 Dellwood Dr.
Craig, Mrs. R. A.....4105 W. Sycamore Rd.
Craig, Mrs. Reuben.....410 S. Hickory Lane
Crawford, Mrs. T. R.....209 Rue Demaison
Das, Mrs. Amal K.....3112 Tallyho Dr.
Doss, Mrs. Jerome.....3209 Susan Drive
Earl, Mrs. Max M.....2210 S. Wabash
Elleman, Mrs. Jack.....414 W. Mulberry
Ericson, Mrs. Homer S.....124 Leafy Lane
Ferry, Mrs. Paul W.....1207 W. Sycamore
Fields, Mrs. Donald L.....3304 Tallyho Dr.
Frazier, Mrs. Jack L.....3208 Tally Ho Dr.
Fretz, Mrs. Richard C.....4701 Mayfield Dr.
Golper, Mrs. Marvin N.....411 Morningside Dr.
Grothouse, Mrs. Carl B.....925 Bellevue Place
Guin, Mrs. Jere D.....4401 N. Parkway
Halfast, Mrs. Richard W.....2505 Katherine Ave.
Harshman, Mrs. James....4100 Millerwood Lane
Harvey, Mrs. E. C.....118001 Crestview Blvd.
Higgins, Mrs. Jack W.....316 Edgewater Ln.
Hutto, Mrs. William H...4815 West Sycamore Rd.
Kremers, Mrs. George A.....2401 S. Wabash
Lehman, Mrs. David.....4200 Millerwood Ln.
Lodde, Mrs. Marvin.....3500 Tallyho Dr.
McClure, Mrs. Warren N.....900 Arundel Ct.
Michael, Mrs. Robert L.....4610 W. Sycamore Rd.
Miethke, Mrs. Richard.....2922 Bagley Dr.
Moore, Mrs. John M.....1500 Honey Lane
Morrison, Mrs. W. R.....413 Conradt Ave.
Murray, Mrs. Ernest C.....2200 S. Webster
Musngi, Mrs. Luciano.....3400 Melody Lane
Paris, Mrs. Durward W.....2417 S. Lafountain
Perkins, Mrs. P. L.....4101 Millerwood Lane
Pesarillo, Mrs. S. N.....904 Pavalion
Phares, Mrs. Robert W.....1712 S. Malfalfa Rd.
Quakenbush, Mrs. John P.....813 Melody Lane
Radpour, Mrs. Shokri.....4300 Millerwood Lane
Rinehart, Mrs. James.....106 Rue de Maison
Rudicel, Mrs. Max W.....321 Kingston Rd.
Scherschel, Mrs. Thomas R.....809 Dye Rd.
Schwartz, Mrs. F. C.....5015 W. Sycamore Rd.
Sekulich, Mrs. Milo.....4505 N. Parkway
Shenk, Mrs. Earl M.....306 N. Webster
Tate, Mrs. James.....1905 Greytwig
Tignor, Mrs. Sterling P.....3464 Tallyho Dr.
Tofaute, Mrs. John L.....1721 W. Walnut St.
Van Denbark, Mrs. Howard M.
4620 W. Deffenbaugh Rd.
Wachob, Mrs. Tom W., Jr.....1121 Highland Dr.
Watson, Mrs. Leo.....2920 Bagley Dr.
Wilson, Mrs. Norman K.....1909 Greytwig

Evans, Mrs. Robert W.....Russiaville (46979)

HUNTINGTON COUNTY

Huntington

(*Zip Code* 46750)

Blair, Mrs. Richard G.....732 Opal St.
Brubaker, Mrs. Harold S.....721 Flaxmill Rd.
Casey, Mrs. Stanley M.....408 E. Market St.
Clark, Mrs. Joseph H.....R. R. 9
Clunie, Mrs. Wm. A.....St. Rd. 16
Cope, Mrs. Stanton E.....1022 N. Jefferson St.
Doermann, Mrs. Paul E.....Grimm Rd., R. R. 8
Gill, Mrs. D. Richard.....6 Northway Dr.
Marks, Mrs. Howard H.....1120 N. Jefferson St.
Mitman, Mrs. Floyd B.....1471 Oak St.
Peare, Mrs. Reeve B.....1517 Cherry St.
Wagner, Mrs. Richard W.....Old Andrews Rd.
Wheeler, Mrs. Barth E.....1525 Cherry St.

Bennett, Mrs. J. B.....Warren (46792)
McLaughlin, Mrs. J.....Methodist Memorial Home, Warren (46792)

JACKSON-JENNINGS COUNTIES

Brownstown

(*Zip Code* 47220)

Gillespie, Mrs. G. R.....710 Commerce
Scharbrough, Mrs. William.....105 W. Summit
Shields, Mrs. Jack.....721 W. Spring

Crothersville

(*Zip Code* 47229)

Adair, Mrs. W. K.....208 S. Armstrong
Bard, Mrs. Frank B.....305 E. Howard

North Vernon

(*Zip Code* 47265)

Calli, Mrs. Louis J.....408 S. State
Johnson, Mrs. William A.....318 Jennings St.

Seymour

(*Zip Code* 47274)

Baxter, Mrs. Harry..710 West Dr., Sunset Pkwy.
Blaisdell, Mrs. William F.....630 Greenway Ct.
Bosch, Mrs. Ralph O..930 South Dr., Sunset Pkwy.
Day, Mrs. Durbin.....515 W. Sixth St.
Graessle, Mrs. H. P...640 East Dr., Sunset Pkwy.
Kamman, Miss Martha.....332 W. Oak St
Knotts, Mrs. Slater.....449 Cottonwood Dr.
Linson, Mrs. John C.....1430 Lady Marian Dr.
Martin, Mrs. Guy.....204 West Fifth St. Apt. F
Ripley, Mrs. John W.....2001 Ewing St.
Templeton, Mrs. Ian S.....1408 Ewing St.
Wiethoff, Mrs. C. A...615 West Dr., Sunset Pkwy.

JASPER COUNTY

Rensselaer

(*Zip Code* 47978)

Ahler, Mrs. Kenneth.....703 Milroy
Beaver, Mrs. Raymond E.....111 Thompson St.
Ockermann, Mrs. Kenneth R.....202 Home St.

JAY COUNTY

Andrews, Mrs. Frank....R. R. 2, Geneva (46740)
Donnally, Mrs. George....R. R. 1, Geneva (46740)
Shroyer, Mrs. Herbert..R. R. 2, Dunkirk (47336)

Portland

(*Zip Code* 47371)

Cripe, Mrs. William H.....507 W. High St.
Fitzpatrick, Mrs. James S.....405 W. Race St.
Gillum, Mrs. Eugene.....W. Votaw St
Keeling, Mrs. F. E.....609 W. Race St.
Lopez, Mrs. Alfonso.....446 W. Arch St.
Schenck, Mrs. Ralph.....R. R. 2, W. 7th St.
Spahr, Mrs. Donald E.....615 W. Race St.
Steffy, Mrs. Ralph M.....321 E. Race St.
Vormohr, Mrs. Joseph F.....1011 S. Meridian St.

Rudolph, Mrs. Rosser....#1 Wiltshire Rd., Muncie (47304)
Reisz, Mrs. Ronald K.
Fort Recovery, Ohio (45846)

JOHNSON COUNTY

Franklin

(*Zip Code* 46131)

Andrews, Mrs. Hugh K.....R.F.D. 4, Box 20, 234 C.A.
Bullers, Mrs. Robert C.....395 S. Home Ave.
Bullington, Mrs. George.....R. F. D. 4
Chappel, Mrs. A. T.....1101 North Dr.
Chiu, Mrs. Luke.....R. R. # 1, Box 64
Deppe, Mrs. Charles F.....1215 Park Ave.
Ferrara, Mrs. Joseph F.....1000 E. King St.
Gilliland, Mrs. John.....200 N. Water St.
Jones, Mrs. Charles A.....1010 E. Adams Dr.
Mock, Mrs. Harry E. Jr.....201 E. Monroe
Murphy, Mrs. Harry E.....422 N. Walnut St.
Palmer, Mrs. Harley P.....Forrest Park Dr.
Province, Mrs. Wm. D.....99 N. Water St.
Records, Mrs. Arthur W.....216 E. Jefferson St.
Records, Mrs. John M.....1225 E. King St.
Reynolds, Mrs. Paul.....R. R. 4
Ritteman, Mrs. George.....R. R. 3, Box 19A
Roller, Mrs. Mac.....1100 Hillview Dr.
Walters, Mrs. Jack L.....1205 E. Jefferson St.
Waymire, Mrs. Wm. M.....101 N. Walnut St.

Greenwood

(*Zip Code* 46142)

Brown, Mrs. George E.....705 Colonial Way
Link, Mrs. Charles.....663 Williamsburg Lane
Machledt, Mrs. John.....243 S. Madison
Ogle, Mrs. Robert.....Valley Ln. Ct.
Sheek, Mrs. Kenneth I.....407 S. Forest Dr.
Small, Mrs. George.....1066 Lawn Dale Court
Tiley, Mrs. George.....40 N. Madison
Wesemann, Mrs. Merrill M.....109 Carefree Ct., R. R. 2
Young, Mrs. Joseph W.....904 Beech Park Dr.

Deogracias, Mrs. Francisco D..Edinburgh (46124)
Topacio, Mrs. Love K.....Edinburgh (46124)
Stogsdill, Mrs. W. W.....Knoll Apts., 2242 Rome Drive, Indianapolis (46208)
Nalley, Mrs. James
R. R. # 1, Box 29, Whiteland 46184

KNOX COUNTY

Vincennes

(*Zip Code* 47591)

Anderson, Mrs. John B.....1222 Forest Hill Dr.
Anderson, Mrs. Richard M.....Monroe City Rd.
Barrett, Mrs. Thomas L.....2520 Old Orchard Rd.
Bartlett, Mrs. Donald T.....1315 McDowell Rd.
Beckes, Mrs. Ellsworth.....220 N. 5th
Black, Mrs. Boyd K.....1008 State Road 67-N
Buesser, Mrs. Rudsen M.....1643 Spruce Drive
Cantwell, Mrs. E. R.....P.O. Box 924
Chattin, Mrs. Herbert O.....729 Main St.
Combs, Mrs. Daniel J.....1325 McDowell Ave.
Curtner, Mrs. Myron L.....216 N. Sixth St.
Dayson, Mrs. Louie O.....R. R. 2
Floyd, Mrs. Malcolm.....1310 Forest Hills Dr.
Haswell, Mrs. John N.....1604 Old Orchard Rd.
Hendrix, Mrs. Charles.....1302 Forest Hills Dr.
Jacqmain, Mrs. Ralph J.....Monroe City Rd.
Lopez, Mrs. Raul E.....1920 McDowell Ave.
McDowell, Mrs. M. M.....1322 Audubon Rd.
McMahan, Mrs. Virgil C.....Monroe City Rd.
Miller, Mrs. Charles L.....R. R. 4
Murray, Mrs. John.....305 Tulip Lane
Nichols, Mrs. Robert J.....1906 John R. Rd.
Parmenter, Mrs. Harry B.....205 Elm Lane
Reilly, Mrs. James F.....401 Buntin St.
Shanklin, Mrs. Jack L.....1545 Barnett Lane
Smith, Mrs. Ralph O.....603 Busseron St.
Spencer, Mrs. Frederic.....902 Perry St.
Stein, Mrs. Richard H.....1209 Old Orchard Rd.
Stewart, Mrs. Frank W.....Hillcrest Rd.
Vaughn, Mrs. Walter R.....2018 Prospect Ave.
Von der Lieth, Mrs. William C.....R. R. 3
Welch, Mrs. Norbert M.....Monroe City Rd.

KOSCIUSKO COUNTY

Urschel, Mrs. Dan L.....Mentone (46539)
Wilson, Mrs. Wymond B...P. O. Box 421, Mentone (46539)
Baum, Mrs. John R.....307 7th St., Winona Lake (46590)

Warsaw

(*Zip Code* 46580)

Arford, Mrs. John E.....1319 E. Center St.
Fiscus, Mrs. Clifford Wm....R. R. 4, Rolling Hills
Ganji, Mrs. Nasser.....R. R. # 5, Melody Acres
Hashemi, Mrs. Hossein.....R.R. 2
Haymond, Mrs. George M...945 Country Club Dr.
Keough, Mrs. Thomas F.....322 N. Lake St.
Mason, Mrs. Harold.....R.R. 3, Chapman Lake
Moser, Mrs. Arthur.....R. R. 3
Murphy, Mrs. Samuel C.....216 South High St.
Parke, Mrs. William.....1203 Country Club Dr.
Pullman, Mrs. George R....1031 Country Club Dr.
Snider, Mrs. Ronald P.....Springhill Acres

LAKE COUNTY

Cedar Lake
(*Zip Code* 46303)

Crown Point
(*Zip Code* 46307)

Rudolph, Mrs. Franklin G.....R. R. #1, Box 316 E

Lopez, Mrs. F.....2162 Hart, Dyer (46311)

East Chicago
(*Zip Code* 46312)

Campagna, Mrs. E. A.....2004 Joy Lane
Ernst, Mrs. H. C.....4219 Baring Ave.
Grosso, Mrs. William.....4132 Northcote
Niblick, Mrs. James S.....4115 Fir St.

Gary
(*Zip Code* 464 *plus zone number*)

Almquist, Mrs. C. O.....550 Lincoln St. (02)
Amico, Mrs. P. J.....2119 W. 50th Place (08)
Balter, Mrs. Eugene.....8107 Hemlock Ave. (08)
Bills, Mrs. Robert N.....534 Lincoln St. (02)
Brincko, Mrs. John.....3537 Harrison St. (08)
Carbone, Mrs. Joseph A.....526 Johnson St. (02)
Cabrera, Mrs. P. B.....7512 Harold Ave. (03)
Dierolf, Mrs. E. J.....630 Montgomery St. (03)
English, Mrs. Hubert M.....575 Taft St. (04)
Goldstone, Mrs. Arthur....4676 Jefferson St. (08)
Goldstone, Mrs. Robert....230 Glenpark Ave. (08)
King, Mrs. John T.....4105 Rutledge St. (08)
Kopcha, Mrs. Joseph E.....650 Pierce St. (02)
Lorenty, Mrs. T. B.....3654 Madison St. (08)
Mather, Mrs. J. Winford..7224 Maple Ave. (03)
Mayorga, Mrs. Alfredo....1811 W. 54th Ave. (08)
Mirro, Mrs. John.....2712 W. 57th Pl. (08)
Moswen, Mrs. Jack.....701 Arthur St. (08)
Oberlander, Mrs. Seymour.....6701 Ash (03)
Robinson, Mrs. Walter K..500 N. Montgomery St. (03)
Rubin, Mrs. Simon S.....2131 W. Fifth Ave. (04)
Saavedra, Mrs. B.....5796 Marshall Pl. (08)
Sala, Mrs. Joseph.....2333 W. 55th Ave. (04)
Schulz, Mrs. Kurt J.....2521 W. 58th Pl. (08)
Semerdjian, Mrs. A.....3360 Pierce St. (08)
Valencia, Mrs. M. M.....7700 Hemlock (03)
Volan, Mrs. Geo. J.....5795 Taft Pl. (08)
Young, Mrs. G. M.....4580 Washington St. (08)
Zucker, Mrs. Edward.....5711 Harold (08)

Griffith
(*Zip Code* 46319)

Lundeberg, Mrs. Ralph A.....1211 N. Harvey
Teplinsky, Mrs. Louis
1739 N. Arbogast Dr., Apt. 2G

Hammond
(*Zip Code* 463 *plus zone number*)

Allegretti, Mrs. Michael L..6237 Forest Ave. (24)
Barron, Mrs. Elmer A.....6635 Kansas (23)
Beconovich, Mrs. Robert....6540 Forest Ave. (24)
Cotter, Mrs. Edward R..7225 Knickerbocker Pkwy. (23)
Eggers, Mrs. H. W.....6542 Hohman (20)
Egnatz, Mrs. Nicholas....820 Highland St. (20)
Elledge, Mrs. Ray.....6415 Forest Ave. (24)
Fischer, Mrs. Burnell.....49 Indi-Illi Park (24)
Gevirtz, Mrs. Milton B...7142 Hohman Ave. (24)
Grabow, Mrs. E. F.....6501 Moraine (24)
Hack, Mrs. Edmund C.....7147 Olcott St. (23)
Hickman, Mrs. A. Lee, Jr.....7412 Knickerbocker (23)
Husted, Mrs. Robert G...7248 Forest Ave. (24)
Kretsch, Mrs. Russell W...7214 Hohman Ave. (24)
Marks, Mrs. Ora L.....7111 Olcott Ave. (23)
Mason, Mrs. Richard L.....6915 Magoun (24)
Neal, Mrs. L. W.....7301 Forest Ave. (24)
Panares, Mrs. Solomon V.....4 172nd Pl. (24)
Peck, Mrs. Edward A.....6422 Moraine Ave. (24)
Pilot, Mrs. Jean..7137 Knickerbocker Pkwy. (23)
Polite, Mrs. Nicholas L.....7320 California (23)
Premuda, Mrs. F. F.....7042 Woodmar (23)
Ramker, Mrs. Daniel T...7129 Arizona Ave. (23)
Remich, Mrs. Antone C...6412 Moraine Ave. (24)
Repay, Mrs. W. A..7130 Knickerbocker Pkwy. (23)
Row, Mrs. Perrie Q.....6712 Hohman Ave. (24)
Schulfer, Mrs. R. J.....1045 River Dr. (24)
Thegze, Mrs. George A.....7435 Olcott Ave. (23)

Highland
(*Zip Code* 46322)

Beilke, Mrs. Clifford.....8725 Parkway Dr.
Dumanian, Mrs. Ara V.....8727 Parkway Dr.
Dunning, Mrs. Preston.....8831 Parkway
Reed, Mrs. Ronald.....2100 Kenilworth
Tilka, Mrs. E. C.....8740 Parkway Dr.
Willardo, Mrs. A. T.....8712 Idlewild

Merrillville
(*Zip Code* 46410)

Dumanian, Mrs. H.....6451 Arthur St.
Ornelas, Mrs. Joseph.....6339 Cleveland

Munster
(*Zip Code* 46321)

Ahn, Mrs. K. J.....1328 Fisher St.
Alt, Mrs. Edward M. Jr.....8804 Baring
Arbeiter, Mrs. Herbert I.....119 Beverly Place
Arrowsmith, Mrs. James L.....8138 Forest Ave.
Auburn, Mrs. R. P.....8945 University Dr.
Benchik, Mrs. Frank A.....8326 Hawthorne Dr.
Bombar, Mrs. Leslie E.....8318 Oakwood
Boys, Mrs. F. F.....8517 Crestwood Ave.
Branco, Mrs. Arthur M.....1224 Melbrook
Brodersen, Mrs. J. D.....7936 Monroe St.
Cespedes, Mrs. Carlos.....1102 Fran Lin (21)
Chael, Mrs. Thomas.....8329 Linden
Costello, Mrs. Albert J.....1404 Fisher
Dela-Cotera, Mrs. F. G.....1447 MacArthur (21)
Downs, Mrs. Kenneth.....1106 Fran Lin
Dragomer, Mrs. A. S.....1230 Fran-Lin Parkway
Egnatz, Mrs. Charles D.....1436 Janice Lane
Fleischer, Mrs. J. C.....8345 Northcote
Fox, Mrs. J. M.....1448 Oak Park
Giragos, Mrs. Henry....1826 Camelia Dr. Apt. 2B
Gross, Mrs. Joseph.....1505 MacArthur
Gustaitis, Mrs. John W.....1843 Crestwood
Harvey, Mrs. David M.....8250 Linden
Hehemann, Mrs. W. V.....8718 Northcote
Hieber, Mrs. F. R.....9317 Foliage Lane
Jacobs, Mrs. M. J....1525 Fran Lin Parkway (21)
Kelly, Mrs. G. G.....1335 Elliott Dr.
Kenney, Mrs. Francis.....8131 Forest Ave.
Kott, Mrs. Alexander.....1333 Melbrook Dr.
Kuhn, Mrs. Arthur.....1535 - 35th St. (21)
Lanman, Mrs. John U.....1321 Elliott Dr.
Lautz, Mrs. Herbert A.....7943 Forest Ave.
Madlang, Mrs. R. M.....7750 Hohman Ave.
Marks, Mrs. Salvo P.....8320 Parkview Ave.
Marshall, Mrs. W. J.....1306 Elliott Dr.
Mason, Mrs. J. C.....1440 Fisher (21)
Min, Mrs. David.....1537 Tulip Lane
Mintz, Mrs. A. M.....1841 Lambert Ln
Modjeski, Mrs. Raymond J.....1824 Camelia
Montes, Mrs. H.....7915 Hohman Ave.
Morris, Mrs. W. H., Jr.....8044 Forest Ave.
Paul, Mrs. Eudell G.....7905 Hohman Ave.
Polydefkis, Mrs. D.....8825 Crestwood

Rasch, Mrs. George C.....1519 35th St.
Rosenthal, Mrs. Carl.....8330 Schrieber Dr.
Santare, Mrs. V. J.....1336 Melbrook
Serrano, Mrs. J. F.....1541 Melbrook St.
Smith, Mrs. Jerald.....1234 Melbrook
Smitley, Mrs. Roger P.....1519 Janice Lane
Sroka, Mrs. Stanley J.....8516 Hawthorne Dr.
Tord, Mrs. J. N.....9608 Cypress
Valderrama, Mrs. Hugo.....1325 MacArthur
Vandertoll, Mrs. D. J.....8211 Madison
Wooden, Mrs. Thomas F.....8354 Parkview

Mason, Mrs. Earl J.
Box 485 Ogden Dunes, Portage (46368)
Milos, Mrs. Robert J.....Box 642, Ogden Dr., Portage (46368)
Wilson, Mrs. N. J.
7 Sunset Trail Ogden Dunes, Portage (68)
Dimitroff, Mrs. Lambro
1021 Forest Hills, Calumet City, Ill. (60409)
Feldner, Mrs. Ronald P.
17717 Bernardine, Lansing, Ill. (60438) (60422)
Shapiro, Mrs. Joseph.....1000 Lake Shore Plaza, Chicago, Ill. (60611)

LaPORTE COUNTY

LaPorte

(*Zip Code* 46350)

Brown, Mrs. David B.....316 Ardmore
Carter, Mrs. Fred S.....208 Forest Dr.
Datzman, Mrs. Basil J.....1421 Indiana Ave.
Durham, Mrs. Lowell J.....205 Forest Dr.
Elshout, Mrs. Clem H.....104 Willow Bend Dr.
Farnsworth, Mrs. S. A.....214 Lake Shore Dr.
Feinn, Mrs. Harry S.....1703 Michigan Ave.
Kelsey, Mrs. Robert M., Jr.....1305 Indiana Ave.
Kim, Mrs. Joon S.....2205 Woodlawn Dr.
Larson, Mrs. Goyt O.....902 E. 18th St.
Mead, Mrs. Frank E.....344 Grayson Road
Mladick, Mrs. Edward A.....314 Holton Rd.
Moore, Mrs. William G.....1532 Michigan Ave.
Moosey, Mrs. Louis.....2007 Michigan Ave.
Mueller, Mrs. Edwin C.....117 Evergreen Dr.
Oak, Mrs. David D.....1104 Andrew Ave.
Philbrook, Mrs. Seth S.....212 Forest Dr.
Richter, Mrs. John C.....2020 Beechwood Ct.
Sanchez, Mrs. Jose.....2424 Monroe St.
Scott, Mrs. John S.....508 Lakeshore Dr.
Sirugo, Mrs. Aldo C.....202 Forest Dr.
Smith, Mrs. John.....198 Garden St.
von Asch, Mrs. George.....2030 Michigan Ave.
Wolf, Mrs. Wm. E.....370 Oak Dr.

Kepler, Mrs. Robert W...Colina Peace Corps, Yap, Caroline Islands (96943)

Michigan City, Ind.

(*Zip Code* 46360)

Armstrong, Mrs. Thomas D.
215 E. Coolspring Ave.
Arney, Mrs. Amos.....3020 Northmoor Trail
Balinao, Mrs. Reuben.....2008 Somerset Road
Bankoff, Mrs. Milton.....307 Kenwood Place
Fargher, Mrs. F. M.....907 Washington
Frost, Mrs. Robert.....3215 Cleveland Ave.
Gardner, Mrs. Melvin D.....1520 E. 8th St.
Hay, Mrs. Gene R.....3015 Maple
Hoit, Mrs. Leonard.....538 Boyd Circle
Luce, Mrs. John W.....311 Garden Trail
Marske, Mrs. Robert L.....2920 Roslyn Trail
McInerney, Mrs. Gerald T.....3136 Cleveland Ave.
O'Brien, Mrs. Raymond J.....220 Kenwood Place
Paul, Mrs. Leonard G.....3023 Mayfield Way
Potter, Mrs. Brian.....3305 Pottowattomie Trail
Predd, Mrs. Florian M.....2401 Maple St.
Phillips, Mrs. John J.....Duneland Beach
Stark, Mrs. William A.....2821 Elbridge Way
Ticsay, Mrs. Bienvenido....Pottawattomie Estates
Walters, Mrs. William.....2724 Lakeshore Dr.
Weiss, Mrs. Albert E.
Arrowhead Trail, Duneland Beach
Weninger, Mrs. Donald.....2030 Silver Tip Lane
Zalac, Mrs. Donald A.....1404 Springland Ave.

LAWRENCE COUNTY

Bedford

(*Zip Code* 47421)

Austin, Mrs. Richard P.....1315 15th St.
Crosby, Mrs. Reid C.....11 Saddler Court
Dino, Mrs. Florian.....4 Hillcrest Circle
Duncan, Mrs. Raymond E.....311 Eastwood Dr.
Dusard, Mrs. Joseph C.....1107 N. St.
Edmonds, Mrs. Kendrick T.....438 Sycamore
Emery, Mrs. Charles B.....Brook Knoll
Fountaine, Mrs. Thomas J.....1620 18th St.
Gonzalez, Mrs. Raul C.....Brook Knoll
Hawkins, Mrs. Richard D.....228 Eastlake Drive
Kasting, Mrs. Gerald E.....Parkview Addition
Kerr, Mrs. Donald M.....1415 20th St.
McPike, Mrs. Joseph.....1103 Lincoln Ave.
Morrow, Mrs. Robert J.....R. 5, Brook Knoll
Mount, Mrs. James L.....1428 14th St.
Noe, Mrs. William R.....118 Woodhill Dr.
Reuter, Mrs. John W.....Brook Knoll, R. 5
Scherschel, Mrs. John P.....1713 H St.
Sorrells, Mrs. George W., Jr.....212 Lori Lane
Waldo, Mrs. Guy H., Jr.....R. 5, Brook Knoll
Wohlfeld, Mrs. J. B.....1224 15th St.
Woolery, Mrs. Richard H.....2020 Denson Ave.

Benham, Mrs. Lawrence E.....R. R. 2, Springville (47462)
Hammel, Mrs. Howard T.
R. R. # 2, Springville (47462)
Hamilton, Mrs. J. R.....703 Oak, Mitchell (47446)
Oswalt, Mrs. James T.
645 - 9th St., Mitchell (47446)

MADISON COUNTY

Anderson

(*Zip Code* 46011 *unless otherwise indicated*)

Abell, Mrs. William A.....2536 W. 12th St.
Allen, Mrs. Lawrence.....27 River Forest (11)
Armington, Mrs. Charles L.
304 Beverly Terr. Apts. (16)
Austin, Mrs. Charles E.....1612 Westwood Dr.
Beeler, Mrs. Frank K.....20 Overlook Dr.
Bixler, Mrs. Donald P.....1611 Van Buskirk Rd.
Blassaras, Mrs. Crist A.....916 Dresser Dr.
Bowers, Mrs. Richard C.....1110 Greenway Dr.
Buckles, Mrs. David L.....44 Knoll Rd.
Bush, Mrs. Edward R.....19 Northway Court
Carson, Mrs. Richard C.....908 Winding Way
Conrad, Mrs. Ernest M.....336 W. 9th St. (16)
Denny, Mrs. Melvin H.....1207 Van Buskirk Rd.
Doenges, Mrs. James L.....Whitehall Place
Drake, Mrs. James R.....2210 W. 12th St.
Drake, Mrs. John C.....920 N. Madison Ave.
Drennen, Mrs. Robert V...1605 E. Chesterfield Dr. (12)

Dulin, Mrs. Basil B.....1120 Maryland Drive
Elsten, Mrs. A. Wayne
1333 Maryland Dr., Forest Manor
Erehart, Mrs. Archie D.....2214 W. Ninth St.
Faust, Mrs. Howard, Jr.....R. R. 9, Box 131
Ferguson, Mrs. Donald H.....3430 Redwood Rd.
Fischer, Mrs. Warren E.....1410 Van Buskirk Rd.
Gahimer, Mrs. Joseph E.....1515 Greenway Dr.
Gante, Mrs. Henry W.....304 Delaware Ct.
Gholz, Mrs. Lawrence.....3421 Laurel Lane
Gray, Mrs. William J.....45 Tweedy Lane
Hart, Mrs. William D.....1720 Edgewood Dr.
Hensler, Mrs. Benton.....13 Wind Ridge Rd.
Jarrett, Mrs. Paul.....2541 North Shore Dr.
Jones, Mrs. Albert T.....3316 Cherry Rd.
Kelley, Mrs. Wendell C.....23 Colony Rd.
Kepner, Mrs. R. S.....1001 Northwood Dr.
Kiely, Mrs. John T.....1011 Raible
King, Mrs. Charles R.....R. R. # 4
Kopp, Mrs. William R.....2410 W. 12th St.
Lamey, Mrs. Paul T.....1740 W. 10th St.
Land, Mrs. Richard.....713 Winding Way
Larmore, Mrs. Joseph L.....1301 Winding Way
Lind, Mrs. John D...4511 Columbus Ave. Apt. M-89
Long, Mrs. Paul L.....828 Dresser Dr.
McCurdy, Mrs. Robert W.....38 Tweedy Lane
Metcalf, Mrs. George B...830 W. Eighth St. (16)
Moneyhun, Mrs. James E.....1815 Ivy Dr.
Morris, Mrs. Robert A.....410 Golf Club Rd.
Nesbit, Mrs. Leonard L.....60 River Forest
Patterson, Mrs. William K.....8 South Park Dr.
Polhemus, Mrs. Warren C.....1800 W. 11th St.
Price, Mrs. Ambrose M..3821 St. Rd. 9, North (12)
Reynolds, Mrs. Ralph E.....1716 Winding Way
Rosenbaum, Mrs. Lloyd E...647 Citizen Bank Bldg.
Ross, Mrs. Guy E.....1124 N. Madison Ave.
Sheldon, Mrs. Suel A.....R.R. 6, Box 481-B
Stamper, Mrs. Jos. H.....619 W. 53rd St.
Stamper, Mrs. Robert J.....R. R. 6, Box 78A
Stinson, Mrs. William M.....17 River Forest
Szumilas, Mrs. Peter P.....38 River Forest
Taylor, Mrs. James A.....3232 Maryland Dr.
Tierney, Mrs. Wm. J.....1646 Corlettway
Wagoner, Mrs. John R.....3522 Hawthorne Rd.
Webb, Mrs. Harry D.....1308 Maryland Dr.
Weiss, Mrs. Louis L.....1225 N. Madison Ave.
Whitaker, Mrs. Jack D.....R. R. # 9, Box 132
Williams, Mrs. Francis M.....1012 Park Rd.
Williams, Mrs. Robert H...722 North Shore Blvd.
Wishard, Mrs. Fred B.....815 West 8th St. (16)
Woodbury, Mrs. C. R.....R. R. 4, Box 410

Bishop, Mrs. Harry A.....Frankton (46044)
Doles, Mrs. Ted S.....R. R. 1, Box 24B, Middletown (47356)
Begley, Mrs. Robert W.
R.R. 2, Box 375, Pendleton (46064)
King, Mrs. Joseph W.....R.R. 2, Pendleton (46064)
McLaughlin, Mrs. C. B..R. R. 2, Pendleton (46064)

MARION COUNTY

James, Mrs. C. E.
R. R. # 2, Box 76G, Brownsburg, In 46112
Link, Mrs. Goethe.....Box 84, Brooklyn (46111)
Foster, Mrs. Lee N.
R. R. 2, Box 428, Carmel (46032)
Hasewinkel, Mrs. Carroll W.
R. R. 2, Box 354, Carmel (46032)
Jones, Mrs. Richard A.
11626 Forest Dr. Carmel (46032)
Karsell, Mrs. William A.....10518 Hussey Lane, Carmel (46032)
Kendall, Mrs. William R.....60 Wildwood Dr., Carmel (46032)
Lang, Mrs. Jay W.....R. R. 2, Box 303A, Carmel (46032)
Masbaum, Mrs. Ned P.
6 Rolling Springs Ct. Carmel (46032)
Megenhardt, Mrs. Dennis S.....R. R. 1, Box 5, Carmel (46032)
Nolin, Mrs. Richard T..R. R. 2, Box 323D, Carmel (46032)
Permer, Mrs. Erwin....R. R. 1, Box 619-F, Carmel (46032)
Schaffer, Mrs. Edward V.....Box 614-A, R. R.1, Carmel (46032)
Thatcher, Mrs. Hugh K. Jr.
11318 Dona Dr. Carmel (46032)
Van Tassel, Jr., Mrs. C. J.
R.R. 2, Box 411G, Carmel (46032)
VanCampen, Mrs. Warren M.
11422 Lakeshore Dr. E. Carmel (46032)
Brown, Mrs. Earl S.
644 Brookview Dr., R.6, Greenwood (46142)
Cockrell, Mrs. D. Kete
785 Brookview Dr. Greenwood (46142)

Indianapolis
(*Zip Code* 462 *plus zone number*)

A

Albertson, Mrs. Frank.....5318 N. Bosart (20)
Albrecht, Mrs. Willard H.
7400 Hollingsworth Dr. (68)
Aldrich, Mrs. Harry D.....5805 Sherman Dr. (20)
Alig, Mrs. Vincent.....6453 Greenleaves (20)
Allen, Mrs. Robert K.....737 Sherwood Dr. (40)
Alley, Mrs. Thomas W...107 Kenwood Circle (60)
Alvis, Mrs. David.....740 W. Kessler Blvd. (08)
Alvis, Mrs. Edmond O.....474 W. 92nd St. (60)
Antreasian, Mrs. Berj....5517 Far Hill Rd. (26)
Appel, Mrs. Richard H.....122 E. 61st St. (20)
Applegate, Mrs. Geo. W....9033 Buckeye Ct. (60)
Arbogast, Mrs. John L. 3933 Washington Blvd. (5)
Armer, Mrs. Robert M...4208 Cold Springs Rd. (8)
Arnold, Mrs. Robert D.....5470 E. 16th St. (18)
Aronson, Mrs. Sidney S...5670 N. Meridian (20)
Avery, Mrs. George O.
5321 Kessler Blvd., N. Dr. (08)

B

Bachmann, Mrs. Arnold J.....1615 Oles Drive (8)
Bader, Mrs. Joseph.....7007 N. Tuxedo (20)
Bakemeier, Mrs. Otto H..5535 E. St. Clair St. (19)
Bakemeier, Mrs. Robert E.
6037 Castelbar Circle (20)
Balch, Mrs. James F., Jr.
1811 Hamilton Lane (80)
Ball, Mrs. Joseph E.....6612 E. Ninth St. (19)
Barnes, Mrs. Gilbert H...5513 Hedgerow Dr. (26)
Bastnagel, Mrs. William F.
5430 Washington Blvd. (20)
Batman, Mrs. Gordon W.
6906 N. Delaware St. (20)
Battersby, Mrs. J. Stanley..6001 Sunset Lane (8)
Bauer, Mrs. Thomas B...7685 Clarendon Rd. (60)
Baumeister, Mrs. Herbert E. ...4421 E. 75th (50)
Baxter, Mrs. John P. ..7247 Whitehall Dr. (26)
Beasley, Mrs. Thos. J.....715 E. 70th Place (20)
Beck, Mrs. Evart M.....6445 N. Olney St. (20)
Becker, Mrs. Harry G...5641 Haverford Ave. (20)
Beeler, Mrs. John W.....7974 N. Illinois St. (60)
Beering, Mrs. Steven C...1730 Brewster Rd. (60)
Belt, Mrs. James H.....8652 Emerald Lane (60)
Benages, Mrs. Anthony..8012 Charlecot Dr. (68)
Benedict, Mrs. Paul F.....2550 Blue Grass Dr. (8)
Bennett, Mrs. Ivan F.....8452 Green Braes, N. Dr. (34)

Benson, Mrs. J. Thomas..1638 Brewster Rd. (60)
Benz, Mrs. James....7201 Sylvan Ridge Rd. (40)
Berkshire, Mrs. Shaffer B.
7740 Kenworthy Dr. (60)
Bhagwandin, Mrs. Harry O.
9205 E. Troy Ave. (39)
Bibler, Mrs. Lester D.
4360 N. Pennsylvania St. (5)
Blackwell, Mrs. Donald S...3322 Lincoln Court (8)
Blake, Mrs. Albert L.....6471 Knyghton Rd. (20)
Blatt, Mrs. A. Ebner....5330 N. Illinois St. (8)
Boling, Mrs. Fred F.....3849 N. Tansel Rd. (34)
Boling, Mrs. Grover C., Jr.
5775 Brookwood Rd. (26)
Bond, Mrs. Wm. H.....4525 W. 59th St. (54)
Booth, Mrs. Boynton H...5735 Braewick Rd. (26)
Bowman, Mrs. George W.
5634 Carrollton Ave. (20)
Boyer, Mrs. Floyd A.....136 S. Wittfield St. (29)
Brady, Mrs. Thomas A., Jr.
225 Wellington Rd. (60)
Brayton, Mrs. John R.
4000 N. Meridian, Apt. 9H (08)
Brickley, Mrs. Richard A.
4530 Crooked Creek Ridge Dr. (08)
Brillhart, Mrs. James R..5156 Hawthorne Dr. (18)
Brodie, Mrs. Donald W.
10207 Indian Lake Blvd., N. Dr. (36)
Brooks, Mrs. Fred.....1660 Cunningham Dr. (24)
Brown, Mrs. David E....7344 Lakeside Dr. (78)
Brown, Mrs. DeWitt W., Jr.
4363 Coldspring Rd. (08)
Brown, Mrs. Earl R., Jr.
5450 Channing Rd. (26)
Brown, Mrs. Wendell E.....3750 N. Gale St. (18)
Brueckmann, Mrs. F. Robert
5280 Channing Rd. (26)
Burdette, Mrs. Harold....6310 Glencoe Dr. (60)

C

Cahn, Mrs. Hugo...6416 Hoover Rd., Apt. D. (60)
Cahn, Mrs Peter H.....7025 Hoover Road (60)
Campbell, Mrs. H. E., Jr.
7650 Spring Mill Rd. (60)
Campbell, Mrs. Richard W.
6834 Mohawk Lane (60)
Campbell, Mrs. Robert L.
8918 W. 82nd R. R. #16 (78)
Caputi, Mrs. Saverio..5115 N. Meridian St. (8)
Carson, Mrs. Wayne....7177 N. Meridian St. (20)
Carter, Mrs. James E.....8639 W. 65th St. (78)
Chattin, Mrs. William R.
4825 Cavendish Rd. (20)
Chernish, Mrs. Stanley M...4403 Radnor Rd. (26)
Chivington, Mrs. Paul V., Jr.
3307 Kessler Blvd., E. Dr. (20)
Christie, Mrs. Marvin C.
3340 E. Loretta Drive (27)
Clark, Mrs. Geo. A.....620 Forest Blvd. (40)
Clark, Mrs. Lawson J.
2425 E. Kessler Blvd., E. Dr. (20)
Cobb, Mrs. Clarence M...9146 Haverstick Rd. (40)
Coggeshall, Mrs. Warren E.
6305 Bramshaw Rd. (20)
Conway, Mrs. Glenn.....2235 E. Garfield Dr. (3)
Cortese, Mrs. James V.....6302 Minlo Dr. (27)
Cortese, Mrs. Thomas A., Jr.,
5411 East 56th St. (26)
Cortese, Mrs. Thomas A., Sr.
3525 Payne Dr. (27)
Costin, Mrs. Robert L..8028 Morningside Dr. (40)
Cronin, Mrs. H. Joseph
7843 Windcombe Blvd. (40)
Cross, Mrs. David G.....3001 Redfern Dr. (27)
Crossin, Mrs. James A...7436 Hazelwood Ave. (60)
Cumming, Mrs. James R.....7610 Woodside Dr. (60)
Cure, Mrs. Charles W...414 W. Kessler Blvd. (08)
Currie, Mrs. Robert W.....512 E. 57th St. (20)
Curry, Mrs. R. Louis.....7250 N. Chester (40)

D

Daley, Mrs. Edward H.
5118 East Dickson Road (26)
Daly, Mrs. Walter J.....3309 Kenilworth Dr. (08)
Dallas, Mrs. F. R.....3649 E. 71st St. (20)
Dalton, Mrs. Wm. W....1736 Winchester Dr. (27)
Daly, Mrs. Joseph M.....5969 Singleton Ave. (27)
Davidson, Mrs. Dale A.....25 E. 40th St. (05)
Davis, Mrs. Sam J.....230 W. 64th (60)
Deitch, Mrs. Robert D...1026 Pinewood Court (40)
Dearmin, Mrs. Robert M..6616 Spring Mill Rd. (60)
DeArmond, Mrs. Albert M.
5401 N. Delaware St. (20)
Deever, Mrs. John W.....6801 S. East St. (27)
Denny, Mrs. James W.
6633 Spring Brook, N. Dr. (19)
DeWester, Mrs. Gerald M.
2802 Lindbergh Dr. (27)
Dill, Mrs. Charles W.....4111 S. Sherman Dr. (27)
Dillon, Mrs. John F.....7489 N. Illinois (60)
Dolan, Mrs. Patrick A.....9038 Chestnut Ct. (60)
Donahue, Mrs. James....945 Spannwood Rd. (08)
Donato, Mrs. Albert M...5915 Lawrence Dr. (26)
Doughty, Mrs. Samuel R...5258 Channing Ct. (26)
Douglas, Mrs. William T.
5737 Wildwood Ave. (20)
Dryden, Mrs. Gale E...5835 N. Tacoma Ave. (20)
Dugan, Mrs. John R.....5747 Rolling Ridge Rd. (20)
Dugan, Mrs. William ..7521 Mohawk Lane (60)
Dugan, Mrs. William M....5843 Brockton Dr. (20)
Dunkin, Mrs. Ramon S.....5916 Lieber Rd. (8)
Duncan, Mrs. Stuart.....7835 E. Southport (59)
Dyar, Mrs. Edwin W., Jr.....120 Arden Dr. (20)
Dyar, Mrs. Robert W.....8161 Oakland Rd. (40)

E

Eastman, Mrs. Joseph R., Jr.
220 W. 64th St. (60)
Eaton, Mrs. Edwin R.
7334 Glenview, W. Dr. (50)
Eaton, Mrs. Lyman D.....10109 Hamilton Hills Lane (80)
Ebert, Mrs. J. Wayne....1125 Southview Dr. (27)
Echt, Mrs. Charles R.....8003 Hoover Rd. (60)
Egbert, Mrs. Herbert L.....419 W. 63rd St. (60)
Eicher, Mrs. Palmer O.
4401 N. Washington Blvd. (5)
Elkins, Mrs. James P.....2045 Lick Creek Dr. (3)
Ellis, Mrs. Bert E.....3910 E. 57th St. (20)
Ellis, Mrs. William N.....4908 E. 46th Street (26)
Emhardt, Mrs. John T.....3305 Brill Rd. (27)
Evans, Mrs. Paul V...3715 E. Briarwood Dr. (40)

F

Fausset, Mrs. C. Basil
3016 Lake Shore Dr. #B (05)
Feeney, Mrs. Martin T...772 Brookview Dr. (42)
Ferry, Mrs. Francis A...935 E. Southern Ave. (03)
Finneran, Mrs. Joseph C.....1250 E. 80th St. (40)
Fischer, Mrs. A. Alan.....2515 Knollwood Dr. (8)
Flanders, Mrs. Robert, Jr.
7232 Sylvan Ridge Rd. (40)
Flanigan, Mrs. Meredith B. 3305 Rutledge Dr. (8)
Flora, Mrs. Joseph O.....5604 Rockville Rd. (24)
Folkening, Mrs. Norval C.....5501 Camden (27)
Fortuna, Mrs. Frank....533 Mellowood Dr. (17)
Fouts, Mrs. Paul J.....8393 N. Illinois St. (60)
Freed, Mrs. Carl A.....4334 Springwood Trail (8)
French, Mrs. Richard N., Jr.
3025 Green Hills Lane, S. Dr. (22)

Fry, Mrs. Robert D.....6701 N. College, Apt. 505 (20)
Fulton, Mrs. William H. 1934 Remington Dr. (27)
Fundenberger, Mrs. Martin..4141 E. 62nd St. (20)
Funkhouser, Mrs. A. G.....2505 E. 57th St. (20)

G

Gabovitch, Mrs. Edward R. 595 Holiday Lane (60)
Gabrielsen, Mrs. Ted H...20 Meridian Place (05)
Gammieri, Mrs. Robert..7458 Grandview Dr. (60)
Garber, Mrs. J. Neill..7036 N. Pennsylvania (20)
Garceau, Mrs. George J.....1164 Ivy Lane (20)
Gardiner, Mrs. Sprague H...330 W. 62nd St. (60)
Gardner, Mrs. Austin L. 7701 N. Pennsylvania (40)
Gardner, Mrs. Buckman 530 Willow Spring Rd. (40)
Garner, Mrs. W. Stanley.....5850 White Oak Ct. (20)
Garrett, Mrs. Robert A....95 Wellington Rd. (60)
Geider, Mrs. Roy A. 5816 Pleasant Run Pkwy., N. Dr. (19)
Geisler, Mrs. Hans E...7085 N. Pennsylvania (20)
Gick, Mrs. Herman H.....451 Eastern Ave. (1)
Gifford, Mrs. Fred E...5125 N. Meridian St. (8)
Gillespie, Mrs. Charles F..4530 Berkshire Rd. (26)
Gillespie, Mrs. Jacob E.....8046 Morningside Dr. (40)
Girod, Mrs. Donald A.....6760 W. 79th St. (78)
Glover, Mrs. John L.....4124 Sunmeadow Lane (8)
Goldman, Mrs. Samuel....428 Woodmere Dr. (60)
Gormley, Mrs. Joseph J. 4560 Crooked Creek Ridge Dr. (8)
Graham, Mrs. John D...6315 Old Orchard Rd. (26)
Gray, Mrs. Howard R.....2625 Knollwood Dr. (8)
Grayson, Mrs. Ted L.....8163 Round Hill Ct. (60)
Greene, Mrs. Morgan E. 2014 Winchester Dr. (27)
Greist, Mrs. John H. 4343 Washington Blvd. N. (5)
Griffin, Mrs. Leslie.....3203 W. 57th St. (8)
Griffith, Mrs. Richard S. 2002 Cunningham Rd. (24)
Grisell, Mrs. Ted L...5211 Brendon Ridge Rd. (26)
Grosz, Mrs. Hanus J.....7233 Lakeside Dr. (78)
Gruber, Mrs. Charles M., Jr. 3102 Kessler Blvd., E. Dr. (20)
Gustafson, Mrs. Gerald S. 5768 N. Pennsylvania St. (20)

H

Habegger, Mrs. E. Dale....3120 W. 51st St. (8)
Hackney, Mrs. Victor C...5262 Olympia Dr. (08)
Hadley, Mrs. David.5601 N. Pennsylvania St. (20)
Haggard, Mrs. Edmund B. 5914 N. Emerson Ave. (20)
Hall, Mrs. Frank M. 8633 N. Pennsylvania St. (40)
Hall, Mrs. Jack H.....5960 Braewick Rd. (26)
Hampshire, Mrs. Donald R. 7979 Morningside Dr. (40)
Hann, Mrs. E. Carl ...5218 Laurel Hall Dr. (26)
Hanna, Mrs. Thomas A.....5009 W. 15th St. (24)
Harcourt, Mrs. Robert S...6408 Braemore Rd. (20)
Harding, Mrs. M. Richard.5440 Channing Rd. (26)
Harger, Mrs. Robert W...46 West 52nd Street (8)
Haslinger, Mrs. Clarence J. 2818 Barberry Lane (05)
Hatfield, Mrs. Nicholas W...5851 E. 54th Pl. (26)
Hawk, Mrs. Edgar A.....7328 Huntington Rd. (40)
Hawk, Mrs. James H.....26 W. Laverock Rd. (08)
Haymond, Mrs. Joseph L. 2745 Crescent Hill Lane (08)
Haynes, Mrs. John T.....4139 Juniper Ct. (50)
Hays, Mrs. Everett L.....2607 Manker Ave. (3)
Healey, Mrs. Robert J. 5559 Washington Blvd. (20)
Hedrick, Mrs. Philip W.....9232 N. Delaware (40)
Heimburger, Mrs. Robert F. 4462 Central Ave. (05)
Helmen, Mrs. Charles H.....5269 Roland Dr. (08)
Helmer, Mrs. O. M.....5015 N. Illinois St. (8)
Helveston, Mrs. Eugene M.....7241 Merriam Rd. (20)
Heubi, Mrs. John E.....6904 Park Ave. (20)
Hibbeln, Mrs. Fred P.....8360 Washington Blvd. (40)
Hibbeln, Mrs. Thomas J.....1112 Oakwood Trail (60)
Hickam, Mrs. John B...7050 N. Pennsylvania (20)
Hicks, Mrs. Murwyn L...5212 Channing Rd. (26)
Hill, Mrs. Herbert..4422 Melbourne, W. Dr. (8)
Hill, Mrs. James K.....2507 Bluffwood Dr. (8)
Himelstein, Mrs. N. Harvey 5250 Olympia Dr. (8)
Hogan, Mrs. Michael A. 7330 Steinmeier Dr. (50)
Holland, Mrs. William M. 5244 N. Pennsylvania (20)
Holman, Mrs. Jerome E., Jr. 5930 Central Ave. (20)
Hood, Mrs. Ainslee A...1810 Rosedale Drive (27)
Hopkins, Mrs. Bruce.....1910 E. 109th (80)
Howell, Mrs. Joseph D.....4514 E. 79th St. (50)
Hoyt, Mrs. Millard L...5725 Hunterglen Rd. (26)
Hull, Mrs. Ronald H.....6252 Bramshaw Rd. (20)
Hummons, Mrs. Francis D. 4045 Clarendon Rd. (8)
Hunter, Mrs. Charles A.....5218 Nob Lane (26)
Hurteau, Mrs. William W...201 West 75th St. (60)
Huse, Mrs. William Murray 5134 N. Pennsylvania (05)
Hurwitz, Mrs. Roger..9079 Dewberry Court (60)

I-J

Irwin, Mrs. Glenn W., Jr. 8025 N. Illinois St. (60)
Iske, Mrs. Paul G.....818 E. 79th St. (40)
Jewett, Mrs. Joe H.....5803 Sherman Ave. (20)
Jinks, Mrs. Clifford H.....1831 E. 61st St. (20)
Johnson, Mrs. A. Cedric, Jr. 4550 Melbourne Rd. (8)
Johnson, Mrs. Earl H...4801 Plantation Dr. (50)
Johnson, Mrs. Thomas W.....351 W. 63rd St. (60)
Johnson, Mrs. Wayne L...3760 Briarwood Dr. (40)
Jones, Mrs. Allen W. 6420 Around the Hill Rd. (26)
Jones, Mrs. David E...5433 Hawthorne Dr. (26)
Jones, Mrs. George..8933 Southeastern Ave. (39) (Wanamaker)
Jontz, Mrs. Jon P.....3725 Chevoit Pl. (5)
Joseph, Mrs. Rex M.....620 Hickory Lane (27)
Jowitt, Mrs. Richard H. 5390 Brendonridge Rd. (26)
Joyner, Mrs. John.....5515 Woodside Dr. (08)
Judd, Mrs. Russell L.....5505 Far Hill Rd. (26)

K

Kahn, Mrs. Howard L.....321 W. 62nd (60)
Kaiser, Mrs. James L.....4909 N. Meridian (08)
Kammen, Mrs. Leo.....7030 Central Ave. (20)
Katterjohn, Mrs. James C. 9035 Pickwick Dr. (60)
Keenan, Mrs. George B. 2015 E. Thompson Rd. (27)
Keever, Mrs. Charles H., Sr. 5214 College Ave. (20)
Kendrick, Mrs. Wm. M...735 Round Hill Rd. (60)
Kennedy, Mrs. Hunter F....5790 E. Michigan (19)
Kennedy, Mrs. Joseph T. 5316 Brendonridge Rd. (26)
Kenney, Mrs. David B...5301 Shorewood Dr. (26)

Kiefer, Mrs. C. Raymond
3241 N. Alton Apt. A (22)
King, Mrs. Harold K...5430 Channing Rd. (26)
Kissel, Mrs. Wesley A...3721 Briarwood Dr. (40)
Kitterman, Mrs. Harry E.
5108 Graceland Ave. (08)
Klain, Mrs. Benjamin V.
826 Park Central Ct. N., Apt. D (60)
Kleit, Mrs. Stuart A.....9016 Buckthorne Ct. (40)
Klutinoty, Mrs. George.2275 Wynnedale Rd.(8)
Knowles, Mrs. Charles Y.
7621 Ivywood Dr., Apt. B (50)
Kohlstaedt, Mrs. Kenneth G...645 E. 80th St. (40)
Kooiker, Mrs. John E.....1143 W. 75th St. (60)
Koons, Mrs. Karl M., Jr.
5725 Brookwood Rd. (26)
Kornafel, Mrs. Laddie H...6201 College Ave. (20)
Kurlander, Mrs. Gerald J...433 Woodmere Dr. (60)
Kurtz, Mrs. Philip L.....296 W. 73rd St. (60)

L

LaDine, Mrs. Clarence B...5417 N. Meridian (8)
Lamb, Mrs. Emmett B...1180 Golden Hill Dr. (8)
Lamb, Mrs. Russell W....4636 N. Capitol Ave. (8)
Lamkin, Mrs. E. Henry, Jr.....41 E. 54th St. (20)
Lasich, Mrs. Anthony R....5320 Channing Rd. (26)
Lawrence, Mrs. James M....4548 Manning Rd. (8)
Leasure, Mrs. J. Kent....5823 Brockton Dr. Apt. 3 (20)
Leffler, Mrs. Wm. T.....250 E. 70th St. (20)
LeMaster, Mrs. Theodore R.
5257 Hedgerow Dr. (26)
Leser, Mrs. Ralph U.....5434 Ashurst St. (20)
Levi, Mrs. Leon....6902 N. Pennsylvania St. (20)
Lewis, Mrs. Paul S.....6380 W. Ohio St. (24)
Lewis, Mrs. Robert J...5800 Lawrence Dr. (26)
Lichtenberg, Mrs. Melvin
8520 Canterbury Sq. East Apt. A. (60)
Liebschutz, Mrs. Norman H.
6739 Woodmere Ct. (60)
Lindenborg, Mrs. Paul G.
6431 Creekside Lane (26)
Lindseth, Mrs. Richard E...2903 W. 52nd St. (08)
Lingeman, Mrs. Raleigh E.
4235 N. Pennsylvania (5)
Loehr, Mrs. Wm. M...1426 E. Kessler Blvd. (20)
Lord, Mrs. Glenn C.....7437 Holliday Dr. W. (60)
Lord, Mrs. Thomas J.....55 E. 70th St. (20)
Lo Sasso, Mrs. Alvin M..4742 Bluffwood Dr. (08)
Love, Mrs. George N. 5331 Washington Blvd. (20)
Lowe, Mrs. John C.....5405 Roxbury Rd. (26)
Luginbill, Mrs. Howard
5736 Brendon Forest Dr. (26)
Lukemeyer, Mrs. George T.
8395 N. Illinois (60)
Lunsford, Mrs. Thomas E.....215 E. 71st St. (20)
Luros, Mrs. J. Theodore....156 Fairway Dr. (60)

M

McAlpine, Mrs. Richard J...8102 Oak Hill Dr. (50)
McAree, Mrs. Francis E.
5521 Overbrook Circle (26)
McBride Mrs. James S.....720 E. 80th St. (40)
McCallum, Mrs. Donald C...5610 E. 56th St. (26)
McCallum, Mrs. Robert N...1151 Pimbury Ct. (60)
McCartney, Mrs. Donald H. 410 East 56th St. (20)
McClain, Mrs. Edwin S.....416 W. 77th St. (60)
McCormick, Mrs. Charles O., Jr.
4240 Glencairn Lane (26)
McDaniel, Mrs. Edwin C.....6362 Breamore Rd. (20)
McDougal, Mrs. Robert A.
5339 Hedgerow Dr. (26)
McElroy, Mrs. J. Thomas....1635 Nashua Ct. (60)
McGrath, Mrs. Michael F.
6183 Washington Blvd. (20)
McIntyre, Mrs. James M.
7360 Hazelwood Ave. (60)
McNutt, Mrs. Cyrus C...8639 Lancaster Rd. (60)
McQuiston, Mrs. Ralph J...6120 Lawrence Dr. (26)
Mackey, Mrs. John E.....940 W. 58th St. (8)
Madden, Mrs. Robert J.....1420 Audubon Rd. (19)
Malloy, Mrs. Francis E. Jr.
7050 Kingswood Circle (56)
Mandelbaum, Mrs. Isidore
803 Springmill Lane (60)
Manion, Mrs. Marlow W.
5132 N. New Jersey St. (5)
Manning, Mrs. Randolph....202 E. 75th St. (40)
Marks, Mrs. John S., Jr.
6848 N. Pennsylvania (20)
Marshall, Mrs. Albert L., Jr.
5960 Carvel Ave. (20)
Marshall, Mrs. Cavins R...4103 N. Illinois St. (08)
Martz, Mrs. Carl D.....7926 Hawthorne Ct. (26)
Masters, Mrs. John M.....34 E. 46th St. (5)
Masters, Mrs. Robert J.....330 W. 106th St. (90)
Matthew, Mrs. W. Burleigh
4942 Allisonville Rd. (20)
Matthews, Mrs. B. J.....966 North Graham (19)
Matthews, Mrs. William M.
5215 Knob Lane (26)
Maxam, Mrs. Beverly T. 6220 Sunset Lane (60)
Mealey, Mrs. John, Jr.....7647 Washington Blvd. (40)
Melin, Mrs. John R.....2628 Knollwood Dr. (08)
Mertz, Mrs. John H. O.
4725 Kessler Blvd., N. Dr. (8)
Michael, Mrs. Isaac E.....5208 Roland Dr. (8)
Middleton, Mrs. H. N...3828 Rookwood Ave. (8)
Miller, Mrs. Jerry A.....1430 Brewster Rd. (60)
Miller, Mrs. Jerry R...7237 Sylvan Ridge Rd. (40)
Miller, Mrs. Lee H...5441 Brendonridge Rd. (26)
Miller, Mrs. Roscoe E.....7400 W. 88th St. (78)
Mitchell, Mrs. Earl N.
1222 N. Irvington Ave. (19)
Moe, Mrs. John F.....4360 Swanson Dr. (08)
Moore, Mrs. Donald F. 1315 West 10th Street (7)
Moore, Mrs. Harold T...5802 Allisonville Rd. (20)
Moore, Mrs. Thomas S.....9020 Wickham Rd. (60)
Moriarty, Mrs. John.....6130 Smock Dr. (27)
Morrison, Mrs. Lewis E., II
5751 Wildwood Ave. (20)
Morse, Mrs. Robert.....6375 Kingswood Dr. (56)
Morton, Mrs. Joseph L.....3272 W. 42nd St. (8)
Morton, Mrs. Philip M.....4475 Sylvan Road (08)
Moss, Mrs. H. C.
4802 North Washington Blvd. (5)
Mouser, Mrs. Robert W...5545 N. Meridian St. (8)
Muller, Mrs. Lullus P.
5675 Washington Blvd. (20)
Murray, Mrs. Raymond H.
2522 Blue Grass Dr. (08)

N

Nagan, Mrs. Robert F.....555 Somerset Dr. (60)
Nation, Mrs. Robert D.
1101 Kessler Blvd., W. Dr. (08)
Nay, Mrs. Richard M...6625 N. Sherman Dr. (20)
Need, Mrs. David J.....530 Phaeton Pl. (27)
Need, Mrs. Louis T.....3627 Bluff Rd. (17)
Need, Mrs. R. L.....3905 Byrd Dr. (27)
Nester, Miss Lena Laura
5324 N. Pennsylvania St. (20)
Newman, Mrs. Daniel M.....8080 N. Illinois (60)
Nie, Mrs. Louis W...3525 Delaware Commons (20)
Nohl, Mrs. John M.....5410 Eastridge Dr. (19)
Norman, Mrs. Wm. H...3135 E. 52nd St. - D (05)
Norris, Mrs. Max S.....8899 Pickwick Dr. (60)
Nourse, Mrs. Myron H.
8064 Morningside Dr. (40)
Nugent, Mrs. Edwin J.....6840 N. Delaware (20)
Nurnberger, Mrs. John I.
5215 Washington Blvd. (20)

O

O'Brian, Mrs. Earl J.
4525 Crooked Creek Ridge Rd. (8)
Olvey, Mrs. Ottis N.....5428 Central Ave. (20)
Otten, Mrs. Claude F..5222 Washington Blvd. (20)
Overley, Mrs. Toner M., Jr.
8333 N. Illinois St. (60)
Owen, Mrs. John E.....4429 N. Illinois St. (8)

P

Page, Mrs. Oliver.....4270 Knollton Rd. (08)
Pantzer, Mrs. John G., Jr.....100 Gregg Rd. (60)
Parker, Mrs. George F., Jr.
1424 N. Riley (01)
Parks, Mrs. Herbert E.
5533 Overbrook Circle (26)
Parr, Mrs. Robert L.....4407 Dickson Rd. (26)
Paulissen, Mrs. George T...741 E. Markwood (27)
Pauszek, Mrs. Robert B.
6815 Creekside Lane (20)
Paynter, Mrs. Morris B...115 Roberts Rd. (17)
Peck, Mrs. Franklin B., Jr.
8181 Lincoln Blvd. (40)
Peirce, Mrs. James D.
5027 Washington Blvd. (5)
Perez, Mrs. H. C.....8254 Shadow Circle (60)
Peters, Mrs. Robert J. D.
3203 E. Michigan St. (1)
Petranoff, Mrs. Theodore V.
2814 Questend, S. Dr. (22)
Phillips, Mrs. David L.....4207 N. Pennsylvania (05)
Pickett, Mrs. Robert D.
5615-B Roxbury Terrace (26)
Pierce, Mrs. Emmett....1034 N. Bolton Ave. (19)
Pile, Mrs. Stafford, W., Jr...8109 Bramwood Court
Pittman, Mrs. John N.....201 W. 106th St. (90)
Pontius, Mrs. Edwin E.
6221 Avalon Lane, East Dr. (20)
Popplewell, Mrs. Arvine G.
141 E. Southport Rd. (27)
Powell, Mrs. Richard C...5359 Hedgerow Dr. (26)
Pribble, Mrs. Robert H...5717 Roxbury Circle (26)
Price, Mrs. David....5321 Broadmoor Plaza (08)
Price, Mrs. Francis W.
550 East Edgewood Ave. (27)
Price, Mrs. James O.....448 Wayside Dr. (60)
Pryor, Mrs. Richard C...4730 Cranbrook Dr. (50)

R

Raber, Mrs. Robert M.....265 Williams Ct. (60)
Rader, Mrs. George S.....3778 E. 62nd St. (20)
Rafalski, Mrs. Thomas A.
3135 Shady Grove Court (22)
Ragan, Mrs. William D...2157 Wilshire Road (8)
Ramage, Mrs. Walter F.
5440 Shelbyville Road (27)
Ramsey, Mrs. Frank B.....1401 W. 52nd St. (8)
Rapp, Mrs. George F.....650 E. 80th St. (40)
Rawls, Mrs. George H.....4226 N. Illinois (08)
Reed, Mrs. Thomas E.....5417 Roxbury Rd. (26)
Rees, Mrs. Russel C..1010 Charleston, W. Dr. (19)
Reid, Mrs. Charles A.....6506 Madison Ave. (27)
Reitz, Mrs. Lawrence A.....5250 Roland Dr. (8)
Rice, Mrs. Frederic A.....5802 E. 46th St. (26)
Rice, Mrs. Raymond D.....722 Pine Dr. (60)
Rice, Mrs. Raymond M.
7799 E. Holliday Drive (60)
Rich, Mrs. Richard.....5236 Hedgerow Dr. (26)
Richardson, Mrs. Thad T.
6126 E. St. Joseph St. (19)
Robb, Mrs. John A...5151 N. Pennsylvania St. (5)
Robbins, Mrs. Lewis C...5838 Carollton Ave. (20)
Roberts, Mrs. Warren C.....450 W. 93rd St. (60)
Rochlin, Mrs. I.....212 E. 71st St. (20)
Roesch, Mrs. Ryland....5439 Shorewood Dr. (20)
Rogers, Mrs. Donald L.
2618 Bluffwood Dr., W. (8)
Roller, Mrs. Charles W.....2301 Garfield Dr. (3)
Romberger, Mrs. Floyd T., Jr..10 W. 64th St. (60)
Rosenak, Mrs. Bernard D.
5254 N. Delaware St. (20)
Ross, Mrs. Alexander T. 6050 Knyghton Rd. (20)
Ruddell, Mrs. Keith R..1201 Golden Hill Drive (8)
Rudesill, Mrs. Robert L. 5311 N. Pennsylvania (20)
Russell, Mrs. John R.....3864 Ruckle St. (05)
Ruth, Mrs. Martin L.....7 N. Colorado Ave. (01)
Ryan, Mrs. Glen V.
3168 E. Fall Creek Pkwy., N. Dr. (5)

S

Sage, Mrs. Russell A...7531 Morningside Dr. (40)
Sanders, Mrs. Fred....6154 Forest View Dr. (08)
Sappenfield, Mrs. Ralph S.....7102 Dean Rd. (40)
Schechter, Mrs. John S...6333 Glen Coe Dr. (60)
Schlegel, Mrs. Donald M....3944 Cranbrook (40)
Schmalhausen, Mrs. A. N.
6227 Hillcrest Lane (20)
Schneider, Mrs. Carl J..4819 Round Lake Rd. (05)
Schneider, Mrs. Paul A.....5718 Roxbury Ct. (26)
Schnute, Mrs. Richard....752 Round Hill Rd. (60)
Schroeder, Mrs. James E...7152 Johnson Rd. (50)
Schuchman, Mrs. Gabriel..5944 Central Ave. (20)
Schuster, Mrs. Dwight.4503 Washington Blvd. (5)
Scofield, Mrs. John B.....9014 Pickwick (60)
Seaman, Mrs. Charles F. 5353 Channing Rd. (26)
Searight, Mrs. John L.....5830 University (19)
Sedam, Mrs. Herbert L. 4819 Millersville Rd. (26)
Sellmer, Mrs. George.....8760 Driftwood (40)
Sexson, Mrs. Hiram T...5455 N. Meridian St. (8)
Shafer, Mrs. Marion R. 6290 Allisonville Rd. (20)
Shapiro, Mrs. Burton J. 525 Woodmere Dr. (60)
Shipley, Mrs. Edward C...5504 Hawthorne Dr. (26)
Shullenberger, Mrs. Wendell A.
4535 Central Ave. (5)
Shumacker, Mrs. Harris B., Jr.
6834 N. Pennsylvania St. (20)
Sicks, Mrs. Okla W.....607 E. 82nd (40)
Siderys, Mrs. Harry.....9015 Kirkham Ct. (60)
Sigmond, Mrs. Harvey.....5548 N. Meridian (08)
Silver, Mrs. Richard
1114 Frederick Dr. South (60)
Sims, Mrs. J. Lawrence....3723 N. Gale St. (18)
Sluss, Mrs. David.....3657 Washington Blvd. (5)
Smith, Mrs. E. Rogers.....160 W. 47th St. (08)
Smith, Mrs. Ray C. Jr.
6405 Landborough, N. Dr. (20)
Smith, Mrs. Roy Lee..1427 West Stop 11 Rd. (17)
Sobat, Mrs. William..1609 North Brooke Dr. (60)
Soper, Mrs. Hunter A.
5325 Green Braes, E. Dr. (34)
Sovine, Mrs. Joe W.....8182 N. Illinois St. (60)
Spahr, Mrs. John F., Jr.
3014 Green Hills Lane, N. Dr. (22)
Sparks, Mrs. Alan L.
5466 N. Pennsylvania St. (20)
Spears, Mrs. John M.....6910 Shelby (27)
Sputh, Mrs. Carl B., Jr.
5671 Rolling Ridge Rd. (20)
Stansbury, Mrs. Wm. E.....5610 E. 16th St. (18)
Stephens, Mrs. Donald E.....5555 Broadway (20)
Stoelting, Mrs. V. K.....4706 Laurel Circle (26)
Stone, Mrs. Alvin T.....6295 N. Tuxedo (20)
Stone, Mrs. David.....5453 Ashurst (20)
Storey, Mrs. D. Edmund
808 Forest Blvd., N. Dr. (40)
Storms, Mrs. Roy B.....5041 Central Ave. (5)
Stouder, Mrs. Stephen R...4567 Lincoln Rd. (08)
Strang, Mrs. Wm. C.....7760 Cree Trail (50)
Streeter, Mrs. Ralph T.....5265 N. Meridian (8)
Strickland, Mrs. James W..6969 Warwick Rd. (20)

Stucky, Mrs. Elsworth K.
4528 N. Meridian St. (8)
Suelzer, Mrs. John.....4538 Sylvan Rd. (8)
Swan, Mrs. John R.....320 Arden Dr. (20)
Symmes, Mrs. Alfred T.....6445 N. Illinois (60)
Szynal, Mrs. John S....4705 Andover Square (26)

T

Talbott, Mrs. Dan E..6470 N. Michigan Rd. (68)
Tanner, Mrs. Henry S.
4461 N. Pennsylvania St. (5)
Taube, Mrs. Jack I...4353 N. Pennsylvania St. (5)
Taylor, Mrs. Clifford C.
3720 Briarwood Dr., E. (40)
Taylor, Mrs. Frederic W.....40 E. 43rd St. (5)
Taylor, Mrs. Willis D.....710 E. 73rd St. (40)
Teague, Mrs. Frank W.....555 W. Pine Dr. (60)
Teter, Mrs. George...4201 Washington Blvd. (05)
Tether, Mrs. J. Edward.....4839 E. 56th St. (20)
Tharpe, Mrs. Ray G.....6161 Sunset Lane (8)
Thoman, Mrs. Rex L.....7338 N. Chester (40)
Thomas, Mrs. Fred A.....5827 Broadway (20)
Thomas, Mrs. Lowell I.....28 W. Hampton Dr. (8)
Thomas, Mrs. Morris E.
6215 Spring Mill Rd. (60)
Thompson, Mrs. Paul D.
6605 Eden Roc Crest (20)
Thompson, Mrs. Wayne.6519 Creekside Lane (20)
Throop, Mrs. Frank B..4134 Sunmeadow Lane (8)
Tinsley, Mrs. Walter B., Jr.
8432 West 85th St. (78)
Tinsley, Mrs. Walter B., Sr. 5638 Broadway (20)
Tondra, Mrs. John M.....4511 Broadway (5)
Torrella, Mrs. Jose A.....5721 W. 18th St. (24)
Trudgen, Mrs. Spencer F.....9085 Pickwick (60)
Trusler, Mrs. H. Marshall
8750 Coventry Road (60)
Tuchman, Mrs. Joseph H.
8515 Spring View Dr. (60)
Tucker, Mrs. Warren S.
5338 N. Pennsylvania St. (20)
Tyner, Mrs. Harlan H.....3663 N. Delaware (5)

U-V

Ullom, Mrs. Ralph.....520 Wayside Dr. (60)
Van Meter, Mrs. C. Powell
4720 Round Lake Rd. Apt. C (05)
Vollrath, Mrs. Victor J.
7980 N. Pennsylvania St. (40)
Vore, Mrs. Robert E.....5350 Marmon Circle (26)

W

Wainscott, Mrs. Clinton S.
5332 Channing Road (26)
Waldo, Mrs. J. Thayer.....420 W. 64th St. (60)
Walther, Mrs. Joseph E.
4266 N. Pennsylvania St. (5)
Walton, Mrs. William M.
8007 N. Illinois St. (60)
Warneke, Mrs. Charles.....6115 Spring Mill Rd. (08)
Warriner, Mrs. James B...990 N. Bolton Ave. (19)
Warvel, Mrs. John H.....1101 W. 91st St. (60)
Weller, Mrs. C. A...3954 N. Adams, Apt. 395 (05)
West, Mrs. Joseph L.....355 W. 62nd St. (60)
Westerman, Mrs. Richard L.
8218 Lincoln Blvd. (40)
Westfall, Mrs. B. Kemper, Jr.
4001 N. Meridian St. (8)
Wheeler, Mrs. David E.
6100 Old Shelbyville Rd. (27)
Wheeler, Mrs. Edward C.....221 Pine Dr. (60)
White, Mrs. Donald J..7218 Sylvan Ridge Rd. (40)
White, Mrs. Douglas H., Jr.
7405 Frederick Dr. East (60)
White, Mrs. John B.....5850 High Fall Rd. (26)
Wilkens, Mrs. Irvin W.
4820 E. Pleasant Run Pkwy., N. Dr. (1)
Williams, Mrs. Harold.5536 Overbrook Circle (26)
Williams, Mrs. Howard S., Jr.
3824 N. Delaware St. (05)
Williams, Mrs. Hugh L...6231 Knyghton Rd. (20)
Wirey, Mrs. Harold R...4906 S. Sherman Dr. (27)
Wise, Mrs. William R...4360 Kessler, N. Dr. (08)
Wishard, Mrs. William N. Jr.
25 E. 40th St. 7B (05)
Wolfram, Mrs. Don J.
5716 N. Pennsylvania St. (20)
Wood, Mrs. Donald E...6467 W. Holliday Dr. (20)
Woolling, Mrs. Kenneth R..5751 Central Ave. (20)
Wrege, Mrs. Malcolm..5411 Shorewood Dr. (20)
Wright, Mrs. J. Wm., Jr.
4220 Knollton Rd. (8)
Wunsch, Mrs. Charles M.
6941 Washington Blvd. (20)
Wyttenbach, Mrs. John E..5808 Eastview Ct. (50)

Y-Z

Yacko, Mrs. Michael L.
5341 N. Channing Rd. (26)
Yingling, Mrs. Robert J..5322 Hedgerow Dr. (26)
Young, Mrs. John M.
4535 Marcy Lane, No. 261 (5)
Zell, Mrs. Evertson H...4747 Millersville Rd. (26)
Zerfas, Mrs. Charles.....11702 Maze Rd. (59)
Zimmer, Mrs. John F.....8309 Nashua Dr. (60)

Baptisti, Mrs. Arthur
R. R. # 3, Box 93, Nashville, In 47448
Culbertson, Mrs. Clyde G.
Rt. 4, Nashville, In 47448
Davidson, N. Cort
R. R. # 2, Zionsville, In. 46077
Kalsbeck, Mrs. John E...R. R. 2, Box 168, Zionsville (46077)
Miller, Mrs. John D...R. R. 1, Box 176, Zionsville (46077)
Myers, Mrs. Roy V.....7710 Beta Circle, West Palm Beach, Fla. (33406)
Overly, Mrs. Ross
Hunt Club Road, Zionsville, In 46077
Ridolfo, Mrs. Anthony S.
R. R. # 1, Zionsville, In (77)

MARSHALL-STARKE COUNTY

Hampton, Mrs. James N...R. R. 2, Argos (46501)
Bowen, Mrs. Otis R...304 N. Center St., Bremen (46506)
Burket, Mrs. Cecil R.....121 E. Grant St., Bremen (46506)
Stine, Mrs. Marshall.420 Shumaker Dr., Bremen (46506)
Faulkner, Mrs. Donald J.
1002 Academy Road, Culver (46511)
Hippensteel, Mrs. Russell
936 South Shore Road, Culver (46511)

Knox

(*Zip Code* 46534)

Henry, Mrs. Howard J.....R. R. 1
McClure, Mrs. Clark.....R. R. 1

Plymouth

(*Zip Code* 46563)

Coursey, Mrs. James.....R. R. # 2
DeJesus, Mrs. Jose.....R. R. # 5
France, Mrs. Lloyd C.....R. R. 2
Guild, Mrs. Kent.....R. R. 5
Kubley, Mrs. James.....624 E. LaPorte St.
Rimel, Mrs. James F.....909 Bayless
Robertson, Mrs. James S.....1081 Highland Ct.
Stoller, Mrs. Harry.....R. R. 5

MONTGOMERY COUNTY

Crawfordsville

(*Zip Code* 47933)

Cooksey, Mrs. Thomas L.....205 Marshall
Daugherty, Mrs. Fred N.....415 W. Main St.
Eggers, Mrs. Richard.....203 West St.
Haller, Mrs. Thomas C.....38 Delmar Dr.
Howland, Mrs. Carl B.....R. R. 1
Humphreys, Mrs. John W.....1309 Durham Dr.
Kindell, Mrs. Hurschell.....R. 4
Kirtley, Mrs. James M.....615 Thornwood Rd.
Ludwig, Mrs. Paul E.....1 Locust Hill
Peacock, Mrs. Norman F.....111 Wallace Ave.
Richards, Mrs. Edgar E.....Danville Rd., R. R.
Shannon, Mrs. Wesley E.....6 Locust Hill Dr.
Stephens, Mrs. James P.....1407 Durham Dr.
Viray, Mrs. V. G.....804 North St.

Blix, Mrs. Fred.....Ladoga (47954)
Rusk, Mrs. Hubert M.....Box 36, Wallace (47988)
Thompson, Mrs. Claude.....Waynetown (47990)

MORGAN COUNTY

Martinsville

(*Zip Code* 46151)

Brubeck, Mrs. Robert.....789 Valley Drive
Drake, Mrs. Ellery T.....Box 110
Eisenberg, Mrs. David....Box 310, Sunnyside Dr.
Gray, Mrs. Leon.....589 Valley Drive N.
Mershon, Mrs. Jack Bell.....790 Valley Drive
Miller, Mrs. Ray D.....R. R. # 6 - Box 67
Miller, Mrs. Robert J.....R. R. 3, Box 180
Pitkin, Mrs. McKendree C...440 E. Washington St.
Tuason, Mrs. Leo B.....269 S. Crawford St.
Turner, Mrs. Maurice A.....490 East Pike St.
Van Wienen, Mrs. John.....439 N. Jefferson
Willan, Mrs. Horace R.....109 S. Jefferson
Winter, Mrs. William.....415 N. Jefferson

Mooresville

(*Zip Code* 46158)

Bivin, Mrs. James H.....1010 N. Indiana St.
Comer, Mrs. Charles W.....R. R. 2
Comer, Mrs. Kenneth E.....R. R. 2

Murphy, Mrs. M. G.....Box 167, Morgantown (46160)
Wilson, Mrs. Oliver R.
Box 65, R. R. 3, Morgantown (46160)

NOBLE-LaGRANGE COUNTIES

Taylor, Mrs. Reed M.....Howe (46746)
Willard, Mrs. Richard D.....Howe, In 46746
Greenlee, Mrs. Joseph A., Jr.
439 Water St., Kendallville (46755)
Gutstein, Mrs. Richard R.
120 Diamond, Kendallville (46755)
Messer, Mrs. Frank W.
328 S. Oak St., Kendallville (46755)
Seybert, Mrs. Joseph D.
117 S. Riley, Kendallville (46755)
Slough, Mrs. Richard B.....111 S. Park Ave., Kendallville (46755)
Stallman, Mrs. Carl F...Sunset Shores, R. R. # 3 Kendallville (46755)
Williams, Mrs. H. O.
735 Mitchell St., Kendallville (46755)
Mattox, Mrs. Dean L.
R. R. 1, Box 105, LaGrange, In 46761
Mellinger, Mrs. Michael O.
210 S. Sherman St., LaGrange (46761)
Studebaker, Mrs. Lloyd R.....325 W. Spring St., LaGrange (46761)
Hooker, Mrs. Donald J.....3 Hawthorne Dr., Ligonier (46767)
Stone, Mrs. Robert C...Ravine Park Dr., Ligonier (46767)
Stultz, Mrs. Quentin F.....406 S. Main St., Ligonier (46767)
Colligan, Mrs. Francis X.....P.O. Box 327, Topeka (46571)
Lehman, Mrs. Kenneth M.....P.O. Box 128, Topeka (46571)
Martin, Mrs. Allen S.....R. R. 2, Shipshewanna (46565)
Fipp, Mrs. A. L.....Rome City (46784)

PARKE-VERMILLION COUNTIES

Clinton

(*Zip Code* 47842)

Evans, Mrs. Fred J.....R. R. 1
Herzberg, Mrs. Milton.....545 S. Fourth St.
Somerville, Mrs. John W...P. O. Box 264, R. R. 2

Webb, Mrs. L. C.....Dana (47847)

Rockville

(*Zip Code* 47872)

Bloomer, Mrs. Richard S.....502 W. York St.
Swaim, Mrs. J. Franklin
102 Eastwood Dr., Rockville

PERRY-SPENCER COUNTIES

Bush, Mrs. Hargis R.....Sixth St., Cannelton (47520)
Snyder, Mrs. Earl.....Troy (47588)

Tell City

(*Zip Code* 47586)

Lally, Mrs. Bernard.....635 - 10th St.
Lohoff, Mrs. Lewis C.....425 10th St.
Neifert, Mrs. Noel L.....1118 Blum St.
Ress, Mrs. Gene E.....1540 13th St.
Smith, Mrs. Fred, Jr.....Smith Hill
Ward, Mrs. Robert A.....507 Main St.

PUTNAM COUNTY

Veach, Mrs. Richard L.....Bainbridge (46105)
Viera, Mrs. J. Thomas.....R. R. 2, Coatesville (46121)

Greencastle

(*Zip Code* 46135)

Dettloff, Mrs. Frederick R.....306 Highfall Ave.
Hannon, Mrs. Edward J.....409 Melrose Ave.
Johnson, Mrs. James B.....314 Highfall Ave.
Lett, Mrs. James.....335 Greenwood
Marvel, Mrs. Robert J.....R. R. 2
Roof, Mrs. Roger.....713 Highridge
Schauwecker, Mrs. Cleon M.....R. R. 3
Steele, Mrs. Dick J.....207 Northwood Blvd.
Thompson, Mrs. Edward J.....U.S. 40
Tipton, Mrs. William R.....103 Northwood Blvd.
Wiseman, Mrs. V. Earle.....6 Durham Ave.

RANDOLPH COUNTY

Farmland

(*Zip Code* 47340)

Nixon, Mrs. Byron.....312 N. Main
White, Mrs. Harvey E.....200 S. Main

Shallenberger, Mrs. H. R.....Modoc (47358)

Union City
(*Zip Code* 47390)

Chambers, Mrs. Carol R.....1000 N. Columbia St.
Chambers, Mrs. Leroy B.....200 Carter St.
Phipps, Mrs. Leland K.....R. R. 1, Box 63A
Reid, Mrs. Robert W.....706 W. Division
Wagoner, Mrs. B. D.....409 N. Columbia St.

Winchester
(*Zip Code* 47394)

Engle, Mrs. Russell B.....R. R. 2
Painter, Mrs. Lowell W.....507 S. Main St.
Sparks, Mrs. Paul W.....R. R. 2

RUSH COUNTY

McNabb, Mrs. George B.....Carthage (46115)
McNabb, Mrs. Richard.....Carthage 46115
Smith, Mrs. Stephen D.
304 N. Washington, Knightstown (46148)
Worth, Mrs. C. Willard.....Milroy (46156)

Rushville
(*Zip Code* 46173)

Atkins, Mrs. C. C.....A-410 N. Perkins
Corpe, Mrs. Kenneth F.....R. R. 4
Ellis, Mrs. Davis W.....1102 Sugar Hill Dr.
Green, Mrs. Frank H.....516 N. Morgan
McKee, Mrs. Harry G.....1109 N. Arthur St.
McKee, Mrs. Harry.....R. R. 6
Norris, Mrs. Marvin.....1107 N. Main St.
Shanks, Mrs. Roy E.....1110 N. Morgan

ST. JOSEPH COUNTY

O'Malley, Mrs. Patrick.....17198 Linda St., Granger (46530)
Houser, Mrs. D. S.
24641 N. Riley Rd., North Liberty (46554)

Mishawaka
(*Zip Code* 46544)

Barone, Mrs. C. V.....59053 Bremen Highway
Bogan, Mrs. Wm. C.....15641 Robin Lane
Brechtl, Mrs. Harvey J.....54757 Merrifield
Chamberlain, Mrs. Donald S...54712 Merrifield Dr.
Custer, Mrs. Edward W.....427 White Oak Dr.
Gabriel, Mrs. Magdi.....16529 Baintree Way, Winding Brook
Ganser, Mrs. Richard A.....1020 Wilson Blvd.
Gerig, Mrs. E. Lavern.....713 W. 11th St.
Orr, Mrs. W. Robert.....12388 E. Jefferson Rd.
Phelps, Mrs. Stephen R.
15655 Winding Brook Dr.
Reed, Mrs. Robert.....903 Homewood
Roberts, Mrs. Billy J.....15605 Hearthstone Dr.
Rosenwasser, Mrs. Jacob.....834 Lincoln Way E.
Schaphorst, Mrs. Richard A...514 Lincoln Way E.
Spalding, Mrs. David L.....926 Wilson Blvd.
Spalding, Mrs. Wendell L.....60100 S. Fir Rd.
Stringer, Mrs. D. D.....1035 Lincoln Way E.
Templeton, Mrs. Ames R.....516 Clay
Tirman, Mrs. W. S.....15640 Winding Brook Dr.
Walters, Mrs. Charles E.....16166 Ireland Rd.
Whitlock, Mrs. Merle E.....2118 Linden
Wind, Mrs. Joseph.....54652 Winding Brook

South Bend
(*Zip Code* 466 *plus zone number*)

A

Acker, Mrs. Robert B...103 S. Ironwood Dr. (15)

B

Backs, Mrs. Alton J...1831 N. Kessler Blvd. (16)
Bartsch, Mrs. Harvey L..61397 S. Miami Rd. (14)
Beach, Mrs. Norman.....1617 Inwood Rd. (14)
Bechtold, Mrs. Samuel E.....313 Pendle St. (37)
Bell, Mrs. H. D.....1357 E. Champeau St. (17)
Bennett, Mrs. Jene R..1826 E. Jefferson Blvd. (17)
Berke, Mrs. Robert D..1420 E. Jefferson Blvd. (17)
Biasini, Mrs. Ben A.....19585 Glendale Rd. (37)
Bickel, Mrs. David A...1335 E. Wayne St. N. (15)
Birmingham, Mrs. P. J... 61490 Meadowlark Lane (14)
Bixler, Mrs. Louis C.....1817 Portage Ave. (16)
Bodnar, Mrs. Leslie M.....1843 Portage Ave. (16)
Booth, Mrs. F. M.....531 Edgewater Dr. (18)
Borough, Mrs. Lester D...816 Woodside Ave. (14)
Buchanan, Mrs. Wallace D. 1326 E. Wayne St., N. (15)
Buechner, Mrs. Fred W.
1111 Sunnymede Ave. (15)
Buslee, Mrs. Roger M...524 S. Twyckenham (15)
Butts, Mrs. Milton A.....744 N. Jacobs St. (17)

C

Cassady, Mrs. John R....2225 Riverside Dr. (16)
Cassady, Mrs. J. Vernal....2216 E. Madison (15)
Chamblee, Mrs. Roland W.....53287 Ironwood Rd. (35)
Clark, Mrs. William H.....1227 Garland Rd. (14)
Colip, Mrs. George D.....260 David St. (37)
Cook, Mrs. Gordon C...1620 Southwood Ave. (15)
Cox, Mrs. Alfred C.....17430 Darden Rd. (37)

D

Davis, Mrs. Edward A.....52820 Kenilworth Rd. (37)
Denham, Mrs. Robert H.....1515 E. Colfax Ave. (17)
DeVoe, Mrs. K. R.....52978 Highland Dr. (35)
Dietl, Mrs. Ernest L...3318 Springbrook Dr. (14)
Dingley, Mrs. Albert, Jr.....1309 E. Wayne St. S. (15)
Dodd, Mrs. Robert D.....1510 Tudor Lane (14)
Dolezal, Mrs. Bernard J....425 W. North Shore Dr. (16)
Donnelly, Mrs. Everett F...727 No. Shore Dr. (17)
Dunlap, Mrs. D. Logan....123 W. North Shore Dr. (17)

E

Eades, Mrs. R. Charles
1616 E. Jefferson Blvd. (17)
Edwards, Mrs. Bernard..1134 Ridgedale Rd. (14)
Egan, Mrs. Sherman L.....944 Riverside Dr. (16)
Engel, Mrs. Howard R..1845 Ridgewood Circle (17)
English, Mrs. J. Paul.3116 Robinhood Lane (14)
Erickson, Mrs. G. Walter....3012 Robinhood Lane (14)
Erickson, Mrs. Lester G....1212 E. Woodside (14)

F

Feferman, Mrs. Martin E..125 S. Esther St. (17)
Feldman, Mrs. Max.....1310 E. Fairview (14)
Filipek, Mrs. Walter J.....52710 Brooktrail Dr. (37)
Firestein, Mrs. Ben Z...125 W. Marion St. (01)
Firestein, Mrs. Ray....502 N. Ironwood Dr. (15)
Fish, Mrs. Edson C.....19054 Summers Dr. (37)
Foley, Mrs. Hansel.....1314 Leeper (17)
Forrest, Mrs. O. Norman..1138 E. Wayne St. (17)
Frank, Mrs. Herbert....2616 S. Twyckenham Dr. (14)
Frash, Mrs. Devon W.....18000 Inwood Rd. (14)
Friedman, Mrs. Morris S...1617 E. Jefferson Blvd. (17)

G

Ganser, Mrs. Ralph.....101 N. Conestoga (15)
Gates, Mrs. George E.....1611 South Brook Dr. (14)
Graf, Mrs. John P.....53260 Placid Dr. (37)
Green, Mrs. G. Richard..1515 E. Wayne St. (15)
Green, Mrs. George F.....754 Country Club Lane (15)
Green, Mrs. Norval E..1726 E. LaSalle Ave. (17)

H

Haley, Mrs. George M.
1131 E. Jefferson Blvd. (17)
Hall, Mrs. James M...1718 E. Jefferson Blvd. (17)

Hamilton, Mrs. Charles O.
1418 E. Washington Ave. (17)
Harris, Mrs. C. Glenn....53175 Oakton Dr. (35)
Haugseth, Mrs. Ellsworth K...820 N. Ironwood Dr. (15)
Hawkins, Mrs. Glen E.....17280 Parker Ave. (35)
Helmer, Mrs. John..315 W. North Shore Dr. (17)
Heyde, Mrs. Edward L...60736 Gotham Dr. 46614
Hildebrand, Mrs. J. O.....3002 Robinhood Lane (14)
Hill, Mrs. Wallace C.....248 S. Hawthorne (17)
Holloway, Mrs. Richard J.....18799 Arapaho (37)
Holtzman, Mrs. Norman...1621 Hoover Ave. (15)
Horvath, Mrs. George A.
18825 Cherokee Lane (37)
Hyde, Mrs. Carroll C.....1521 E. Colfax Ave. (17)

J-K

Jankowski, Mrs. Ernest B...2230 Ribourde (28)
Kamm, Mrs. Bernard A..125 W. Marion St. (01)
Karn, Mrs. John W.....1535 Wall St. (15)
Kieffer, Mrs. William J...1113 E. Wayne St. (17)
Krizman, Mrs. David.....1226 Portage Ave. (14)
Krueger, Mrs. John E.....620 E. Peashway (17)
Kuhn, Mrs. Frederick L.....1725 Inwood Dr. (18)

L

Lane, Mrs. William.....1336 N. Stanfield (17)
Levatin, Mrs. Bernard I..1814 Churchill Dr. (17)
Lionberger, Mrs. John R. 1419 E. Jefferson Blvd. (17)
Liss, Mrs. Emanuel C.....1683 N. Riverside Dr., Apt. B (16)
Lockhart, Mrs. Philip B...1611 Wayne St. E. (15)

M

Macias, Mrs. Rafael..1330 E. Jefferson Blvd. (17)
MacDonell, Mrs. Eldred....17570 Juday Lake Dr. (35)
MacLeod, Mrs. John K.....930 Simon Court (15)
Macri, Mrs. Paul A.....2012 E. Cedar (17)
Magnuson, Mrs. Charles W.
1148 Ridgedale (14)
Mahank, Mrs. Camiel C.
747 Country Club Lane (15)
Marquis, Mrs. Gordon.....329 Wakewa (17)
Martin, Mrs. Charles....1438 Ridgedale Rd. (14)
Martinov, Mrs. William E.....1421 Wall St. (15)
Mason, Mrs. Bernard A.....2719 Marine St. (14)
Mauzy, Mrs. Merritt C.....1403 E. Jefferson (17)
McCraley, Mrs. William J.....1737 Belmont Ave. (15)
McQuade, Mrs. John....52361 Portage Hwy. (28)
Metcalfe, Mrs. Grant E.
101 S. Conestoga Lane (17)
Mott, Mrs. C. A.....2733 Lincoln Way West (28)
Mueller, Mrs. Hilbert M...3525 Windingwood Dr. (15)
Myers, Mrs. Philip R.....1147 Cleveland Ave. (16)

N-O

Neher, Mrs. John L.....17371 Cleveland Rd. (35)
Nelson, Mrs. Raymond E.....1909 E. Madison St. (17)
Nelson, Mrs. Robert....2810 So. Twyckenham (14)
Odrcic, Mrs. Kazimir J.....3301 Cabot Dr. (35)
Olson, Mrs. Donald T.....1806 Cedar St. (17)
Olson, Mrs. Kenneth L.....1228 E. Woodside Ave. (14)
Oren, Mrs. William.....1149 E. Belmont (15)

P

Parsons, Mrs. Robert....1464 Ridgedale Rd. (14)
Pascuzzi, Mrs. Chris A...1930 Dorwood Dr. (17)
Pauszek, Mrs. Thomas B...916 Riverside Dr. (16)
Petrass, Mrs. Andrew....22027 Liberty Highway (19)
Plain, Mrs. George.....17836 Ponader Dr. (35)
Plain, Mrs. George L.....1229 Ridgedale Rd. (14)
Pyle, Mrs. H. Dale....115 N. Sunnyside Ave. (17)

R

Rigaux, Mrs. Armand.....533 E. Angela Blvd.
Rosenheimer, Mrs. George M...1425 E. Woodside (14)
Rubens, Mrs. Eli.....1240 E. Irvington (14)

S

Sanderson, Mrs. Robert B...238 S. Hawthorne Dr. (17)
Sandock, Mrs. Louis F.....235 S. Esther St. (17)
Schiller, Mrs. Herbert A...1813 E. Cedar St. (17)
Schlossberg, Mrs. V. E.....2719 Corby Blvd. (17)
Scott, Mrs. Frank M.....1220 E. Woodside (14)
Sellers, Mrs. Francis....814 Oakridge Dr. (17)
Sensenich, Mrs. R. L.....128 S. Scott St. (25)
Sharp, Mrs. Merle C...17780 Waxwing Lane (35)
Shriber, Mrs. Wm. H.....17543 Juday Lake Dr. (35)
Shriner, Mrs. Richard....53362 Juniper Rd. (37)
Sisson, Mrs. Norvel D...1614 Oak Park Dr. (17)
Skillern, Mrs. Scott.....1442 Garland Circle (14)
Smith, Mrs. Lee Jr.....1925 E. Jefferson (17)
Sobol, Mrs. Zbigniew.....19072 Summers Dr. (37)
Stiver, Mrs. Dan D.....1127 E. Wayne St. N. (15)
Stogdill, Mrs. William J.....520 N. Coquillard Dr. (17)
Stratigos, Mrs. Joseph S...527 N. Lafayette (01)
Sweeney, Mrs. Robert.....1203 Sunnymede (15)

T

Thompson, Mrs. John M..1618 E. Cedar St. (17)
Thornton, Mrs. M. J.....125 W. Marion St. (01)
Troeger, Mrs. Thomas....17510 Brandel Dr. (35)
Troyer, Mrs. Marlin.....17700 Ireland Rd. (14)

V-W-Z

Van Fleit, Mrs. W. E.....1617 E. Cedar St. (17)
Weiss, Mrs. Eugene
1605 E. Washington Ave. (17)
White, Mrs. Donald G.....60857 Miami Rd. (14)
Wilson, Mrs. James M.....1507 E. Wayne (15)
Zeiger, Mrs. Irvin L.....P.O. Box 2574

SHELBY COUNTY

Davis, Mrs. John A.....Flat Rock (47234)

Shelbyville
(*Zip Code* 46176)

Dalton, Mrs. Wilson L.....1712 Culbertson Rd.
Deupree, Mrs. William D.....50 W. Mechanic St.
Gehres, Mrs. Robert W.....610 Shelby St.
Gordon, Mrs. Harry Wm.....2105 Graham Dr.
Green, Mrs. William
R. R. 2, Morristown Rd. Box 61
Inlow, Mrs. Paul M.....53 W. Washington St.
Inlow, Mrs. Robert .....R. R. # 2, Box 376
Inlow, Mrs. W. D.....Spring Hill Rd.
McFadden, Miss Marian.....28 W. Mechanic St.
Miller, Mrs. Richard C.....17 W. Mechanic
Moheban, Mrs. Joseph.....Spring Hill Rd.
Phares, Miss Frances.....408 S. Harrison
Scott, Mrs. V. Brown.....R. R. 2, N. Riley Hwy.
Silbert, Mrs. David B.....1100 Fairfield Dr.
Spindler, Mrs. Robert D.....165 W. Mechanic St.
Tate, Mrs. Thomas Dale.....R. R. # 2, Box 66
Tindall, Mrs. William R.....616 S. Harrison
Tower, Mrs. James H., Jr...239 W. Washington St.
Whitcomb, Mrs. Roger F.....218 W. Broadway

TIPPECANOE COUNTY

Lafayette

(*Zip Code* 479 *plus zone number*).

Alstott, Mrs. David.....R. R. 7, Box 24 (05)
Babb, Mrs. Forrest J.....2106 S. Ninth St. (05)
Bayley, Mrs. R. D.....2618 Elmwood Ave. (04)
Bridge, Mrs. Barton C.....22 Thise Court (05)
Cartwright, Mrs. G. W.....3532 Mulberry (05)
Davis, Mrs. Grayson B.....1242 Meadowbrook Dr. (05)
Deur, Mrs. Julius.....606 N. 28th (04)
DuBois, Mrs. Ramon B...519 Calvert Lane (05)
Engeler, Mrs. James E.....21 Lori Lee Dr. (05)
Frey, Mrs. Harley H., Jr...505 Calvert Lane (05)
Fritch, Mrs. John M.....915 Pontiac (05)
Harvey, Mrs. Bennett B...2908 Beverly Lane (04)
Horswell, Mrs. Richard R.....3924 Rome Dr. (05)
Johnson, Mrs. Herbert S.....712 Cherokee (05)
Jones, Mrs. David.....716 Oaklawn Dr.
Karberg, Mrs. Richard J.....1212 El Prado (05)
Klepinger, Mrs. Harry E.....909 N. 21st St. (04)
Kuipers, Mrs. Fred M. Jr.
3918 Gate Rd. R. R. # 1
Landis, Mrs. C. Byron.....505 S. 7th St.
Lempke, Mrs. Lloyd W.....29 Stayman Ct. (05)
McAdams, Mrs. Hugh B...2110 Birch Lane (05)
McPherson, Mrs. Richard C.....30 Thise Court (05)
Miller, Mrs. Wm. J.....58 Thise Court (05)
Neumann, Mrs. Kenneth O..1410 S. 18th St. (05)
Pickerill, Mrs. James..R. R. # 12 - Box 231A (05)
PouLos, Mrs. J. J.....2106 S. 8th
Ralston, Mrs. Marc A.....2121 Sunrise (04)
Randall, Mrs. Thomas A.....40 Redwood Ct. (04)
Ruschli, Mrs. E. B.....604 Kossuth
Rutherford, Mrs. Charles..... R. R. # 9
Scheeres, Mrs. Jacob W.....516 S. 7th St. (01)
Sholty, Mrs. William M..Shadeland Farm Rd. (04)
Smith, Mrs. Lowell C.....615 Lingle (01)
Stolz, Mrs. Thomas.....R. R. 1, (06)
Trout, Mrs. Carl J.....800 State St. (01)
Underwood, Mrs. George M.
905 Southern View Dr. N. (05)
Vermilya, Mrs. Robert W.....R. R. 5, Cedar Bluff Rd. (01)
Wong, Mrs. Norman.....3504 Cedar Lane

West Lafayette

(*Zip Code* 47906)

Baker, Mrs. John R.....2321 Carmel Dr.
Beuerman, Mrs. Virgil A.....509 Emily St.
Brady, Mrs. Kingdon.....612 Terry Lane
Carpenter, Mrs. Robert S.....492 Littleton St.
Davis, Mrs. Howard B.....833 Hillcrest Rd.
Elliott, Mrs. Paul W.....332 Park Lane
Foster, Mrs. John.....105 Knox Dr.
Gripe, Mrs. Richard P...2179 Tecumseh Park Lane
Hannemann, Mrs. Robert E.....812 Avondale
Heid, Mrs. George J.....515 Park Ridge Dr.
Hughes, Mrs. Anson.....1712 Sheridan
Kelley, Mrs. Jack.....508 Parkridge Dr.
Klatch, Mrs. Ben Z.....1415 Woodland Dr.
Knote, Mrs. John.....716 Carrolton Blvd.
Lind, Mrs. Jaap Jan.....902 Rose Lane
Loop, Mrs. Frederick A.....119 Leslie Dr.
McKinney, Mrs. Donald L.....Twin Oaks, R. R. 9
Marvel, Mrs. Howard R.....136 Arrowhead Dr.
Mather, Mrs. Charles R.....1815 Ravina Rd.
Mather, Mrs. Robert L.....321 Leslie Ave.
Mentzer, Mrs. William.....714 North Ridge
Mohrs, Mrs. Paul.....2550 Yeager Rd.
Mount, Mrs. William M.....217 Pawnee Dr.
Peyton, Mrs. Frank W.....612 Ridgewood
Ramsey, Mrs. George F.....201 Lindburg Rd.
Raymond, Mrs. James R.....2736 Henderson Ave.
Riggs, Mrs. W. A.....507 Sharon Rd.
Sherman, Mrs. David E.....133 Tamiami Trail
Shively, Mrs. John L.....205 Lindberg Ave.
Spurlock, Mrs. F. H.....1625 Western Dr
Stahl, Mrs. Edward T.....324 Park Lane
Stuntz, Mrs. Edgar C.....148 Creighton Rd.
Trout, Mrs. David J.....101 Myrtle Dr.
Van Den Bosch, Mrs. Wallace R...715 Princess Dr.
Wagner, Mrs. Lindley H.....3650 Derbyshire Ct.
Wagoner, Mrs. J. Edward.....907 Cumberland
Waits, Mrs. Chester L.....622 Rose St.
Weida, Mrs. Jerry.....513 Emilie Dr.
Weller, Mrs. Wendell A.....153 Pathway Lane

Weller, Mrs. Ralph.....Box 38, Rossville (46065)
Bond, Mrs. Larry.....R. R. #1 Clarks Hill 47982

VANDERBURGH COUNTY

Evansville

(*Zip Code* 477 *plus zone number*).

A

Acre, Mrs. Robert R.....665 St. Mary's Dr. (15)
Adye, Mr. Wallace M.....320 Inwood Dr. (11)
Alexander, Mrs. John E.
2895 Washington Ave. (14)
Allen, Mrs. William.....8203 Newburgh Rd. (15)
Anderson, Mrs. Milton H.
800 S. Plaza Dr. (15)
Antes, Mrs. Earl H...1201 Bonnie View Dr. (15)
Arendell, Mrs. Robert E...700 Helfrich Lane (12)
Austin, Mrs. Eugene W.....721 Colony Rd. (15)

B

Baker, Mrs. Mason R.....823 S. Hebron (15)
Baker, Mrs. Sam B.....217 Montclair Court (15)
Barnhart, Mrs. Willard T...507 S. Boeke Rd. (14)
Beck, Mrs. Robert E.....6000 Newburgh Rd. (15)
Becker, Mrs. Jerry....7010 Arcadian Hyw. (15)
Beisel, Mrs. Larry H...450 S. Audubon Dr. (15)
Bender, Mrs. Martin J..2416 Bayard Park Dr. (14)
Bendush, Mrs. Cecil L.....699 Blue Ridge Rd. (15)
Bennett, Mrs. Abner P...961 Blue Ridge Rd. (15)
Bissonnette, Mrs. Roger P...911 Colony Rd. (15)
Bloss, Mrs. Bryant A.....4131 Lincoln Ave. (15)
Boone, Mrs. Robert D....417 S. Alvord Blvd. (14)
Brakel, Mrs. Frank, Jr.....1429 Oriole Dr. (15)
Britt, Mrs. Robert L...6317 Newburgh Rd. (15)
Brockmole, Mrs. Arnold W.
5901 New Harmony Rd. (12)
Brown, Mrs. Robert L.....1776 S. Norman (14)
Bryan, Mrs. Stanton L..3211 E. Mulberry St. (15)
Buehner, Mrs. Donald F.....1200 Bonnie View Dr. (15)
Burger, Mrs. Thomas C.....3915 Washington Ave. (15)
Burnikel, Mrs. Ray H.....960 S. Rotherwood Ave. (14)
Burress, Mrs. Clyde.....10100 Old St. Rd. (11)

C

Carlson, Mrs. Ralph F..1350 Bayard Park Dr. (14)
Chapman, Mrs. William.....306 Montclair Ct.
Clark, Mrs. Thomas W...820 S. Meadow Rd. (15)
Clouse, Mrs. Paul A.....5801 Newburgh Rd. (15)
Coleman, Mrs. Joseph E...2831 Wayside Dr. (11)
Colvin, Mrs. Robert.....2048 Polaris (15)
Cooper, Mrs. Waller W.....4410 Oak St. (15)
Corcoran, Mrs. P. J. V.....2412 E. Chandler Ave. (14)
Cox, Mrs. J. Bruce.....7116 E. Chestnut (15)
Cox, Mrs. Larry.....1401 Southfield Road
Crawford, Mrs. James
631 Blue Ridge Dr. W. (15)
Crevello, Mrs. Albert J.....807 S. Burkhardt Rd. (15)
Cullnane, Mrs. Chris W.....3020 Mt. Vernon Ave. (12)

D

Davidson, Mrs. Harold H..800 Blue Ridge Rd. (15)
Davis, Mrs. Kenneth.....900 S. Burkhart (15)
Denzer, Mrs. Edward K.....540 Scenic Dr. (15)
Denzer, Mrs. William O....2329 E. Chandler (14)
Dieckman, Mrs. Herbert S.
10 Johnson Place (14)
Dodd, Mrs. R. K.....1705 S. New Green River Rd. (15)
Durkee, Mrs. Melvin S.....615 Trinity Dr. (15)
Dycus, Mrs. Walter A.....3400 Koring Rd. (12)
Dyer, Mrs. Wallace K...812 St. James Blvd. (14)

E

Ebin, Mrs. J. L.....8500 Whetstone (11)
Engel, Mrs. Edgar L.....1411 E. Park Dr. (14)

F

Faith, Mrs. Ira L.....950 Blue Ridge Rd. (15)
Faul, Mrs. Henry J.....725 S. Willow Rd. (14)
Faw, Mrs. Melvin L.....2400 E. Chandler (14)
Fenneman, Mrs. Robert J.
Box 145, R. R. 8, Old St. Rd. (11)
Fitzsimmons, Mrs. Elvin L..500 S. Boeke Rd. (14)
Fitzsimmons, Mrs. Sam.....900 S. Boeke (14)

G

Garland, Mrs. Edgar A.....719 Plaza Dr. (15)
Geller, Mrs. Samuel.....R. R. 8, Box 143-A (11)
Getty, Mrs. William H..1810 Mt. Auburn Rd. (12)
Giorgio, Mrs. Douglas J.....916 S. Burkhardt Rd. (15)
Gourieux, Mrs. E. DeVerre
7500 Taylor Ave. (15)
Griep, Mrs. Arthur H...5414 Madison Ave. (15)
Grimm, Mrs. William C.....8712 Whetstone (11)
Guckien, Mrs. Joseph.....2301 E. Powell (14)

H

Hachmeister, Mrs. Charles W.
5050 Lincoln Ave. (15)
Hammond, Mrs. R. Case
6820 Arcadian Hwy. (15)
Hare, Mrs. Daniel M.....5029 Lincoln Ave. (15)
Hargett, Mrs. Isaac....8006 Heather Court (14)
Harris, Mrs. Robert L.....870 S. Boeke Rd. (14)
Hart, Mrs. L. Paul.....622 Trinity Dr. (15)
Hartley, Mrs. Clarence A., Jr.....300 Hesmer Rd. (11)
Hassel, Mrs. Walter.....3712 Herndon Dr. (11)
Healy, Mrs. Cornelius E.
430 Kings Valley Rd. (11)
Heimburger, Mrs. Irvin L.
7700 Newburgh Rd. (15)
Heinrich, Mrs. Weston A..1408 Lincoln Ave. (14)
Hendershot, Mrs. Eugene L...7006 Newburgh Rd. (15)
Henderson, Mrs. Robert..5805 Brentwood Ct. (15)
Hermayer, Mrs. Stephen....1316 Bonnie View Dr. (15)
Herrmann, Mrs. Gordon T..218 S. Spring St. (14)
Herzer, Mrs. Clarence C.....211 E. Mill Rd. (11)
Heumann, Mrs. John E.....1515 Audubon Ct. (15)
Higgins, Mrs. James.....524 Martin's Lane (15)
Himebaugh, Mrs. Gilbert J.....408 S. Alvord Blvd. (14)
Hitchcock, Mrs. Phillip.....900 Royal Ave. (15)
Hobgood, Mrs. James L...7527 Taylor Circle (15)
Hoover, Mrs. J. Guy
8701 Old Petersburgh Rd. (11)
Hovda, Mrs. Richard..800 S. St. James Blvd. (14)
Huggins, Mrs. Victor S.....8314 Whetstone Road
Hyatt, Mrs. Gilbert T.....1127 Lincoln Ave. (15)

J-K

Johnson, Mrs. Harold V..1303 Masker Pk. Dr. (12)
Johnson, Mrs. Stephen L.
2215 Lincoln Ave. (14)
Kelley, Mrs. John B.....1420 Lark Dr. (15)
Kessler, Mrs. Robert..1200 Harrelton Court (15)
Kiechle, Mrs. Fred L.....726 S. E. First St. (13)
Kincaid, Mrs. Robert.....7117 E. Cherry St. (15)
Krueger, Mrs. Tom P...1517 Glen Moor Rd. (15)

L

Langsam, Mrs. Charles..Outer Lincoln Ave. (15)
Lashley, Mrs. Donald.....1406 Martin Lane (15)
Laubscher, Mrs. Clarence A.
1201 Laubscher Rd. (10)
Lawler, Mrs. John.....520 S. Roosevelt (14)
Lawrence, Mrs. Joseph C.
1362 E. Chandler Ave. (14)
Liebundguth, Mrs. Henry..5206 Lincoln Ave. (15)
Lessure, Mrs. Alfred P...400 S. Audubon Dr. (5)
Logan, Mrs. Jesse R.....503 First Ave. (10)
Longstaff, Mrs. John....830 Canterbury Dr. (15)

M

MacKenzie, Mrs. Pierce....2300 E. Gum St. (14)
McCool, Mrs. Joe H.....1 Woodmere Lane (11)
McDonald, Mrs. Joseph D..4300 Lincoln Ave. (15)
Marvel, Mrs. James A.....312 Royal Ave. (15)
Mathews, Mrs. James R....901 Meadow Rd. (15)
Miller, Mrs. LaVerne B.....501 Scenic Dr. (15)
Miller, Mrs. Marshall.....8503 Larch Lane (10)
Miller, Mrs. Milton J.....8201 Newburgh Rd. (15)
Mills, Mrs. Fred E.....555 S. Kelsey Ave. (14)
Mino, Mrs. Robert A.....2808 N. Shore Dr. (11)
Mullican, Mrs. Wm.....855 S. St. James (14)

N

Newnum, Mrs. Raymond L....545 Oriole Dr. (15)
Newton, Mrs. Roger.....1400 Lark Dr. (15)
Nicholson, Mrs. Raymond W.
1467 Southfield Rd. (15)
Nonte, Mrs. Leo R.....714 S. Willow Rd. (14)

O

Oswald, Mrs. Robert H.....2423 Lincoln Ave. (14)
Ozsezen, Mrs. Bulent.....441 Tyler (15)

P

Pastor, Mrs. Julius W..5901 Washington Ave. (15)
Pavlick, Mrs. Theodore J.
4212 Jennings Lane (12)
Pemberton, Mrs. Jack J.
6300 Falstead Rd. (12)
Porro, Mrs. Francis W.....909 S. Villa Dr. (14)
Present, Mrs. Julian D.....201 S. Parker Dr. (14)

R

Ratcliff, Mrs. Forest..506 S. St. James Blvd. (14)
Ratcliffe, Mrs. Albert W.
510 S. E. First St. (13)
Reich, Mrs. Clarence E.
1209 N. Fulton Ave. (10)
Richey, Mrs. Clifford O.
407 Congress Ave. (15)
Rietman, Mrs. H. Jerome..2325 Lincoln Ave. (14)
Ritchie, Mrs. William D.
5201 Stringtown Rd. (11)
Ritz, Mrs. Albert S.....765 S. Boeke Rd. (14)
Robertson, Mrs. James....7209 E. Walnut St. (15)
Rosenblatt, Mrs. Bernard B.
626 St. James Blvd. (14)
Royster, Mrs. Robert A.....34 Johnson Place (14)
Rudolph, Mrs. Kenneth.....742 Plaza Dr. (15)
Rule, Mrs. Ned.....8511 Larch Lane (11)
Russell, Mrs. Richard H...1015 Harrelton Ct. (15)

S

Schimmelpfennig, Mrs. Robert W.
3014 Washington Ave. (14)
Schirmer, Mrs. Robert H.....4300 Kasson (12)
Schneider, Mrs. Charles P.
2924 W. Maryland St. (12)
Sheehan, Mrs. E. Gregg.....934 York Rd. (15)
Shively, Mrs. Wyant J....950 Hillsdale Rd. (11)
Siegel, Mrs. Lyle.....500 Oriole Dr. (15)
Sims, Mrs. Larry W.....1401 Greenfield Rd. (15)

Sinn, Mrs. Charles M.....29 Johnson Pl. (14)
Slaughter, Mrs. Howard C.
651 St. Mary's Dr. (15)
Slaughter, Mrs. John C...622 College Hwy. (14)
Spain, Mrs. Thomas....801 S. E. Third St. (13)
Sprecher, Mrs. Herman C.
6601 Newburgh Rd. (15)
Springstun, Mrs. W. Russel..854 Lodge Ave. (14)
Stallings, Mrs. Hugh A..7601 Newburgh Rd. (15)
Stevens, Mrs. Charles.....527 S. Roosevelt (14)
Stewart, Mrs. L. Ray....852 S. Alvord Blvd. (14)
Strueh, Mrs. Paul E.....1207 Harrelton Ct. (15)
Swan, Mrs. Robert E.....540 Oriole Dr. (15)

T

Tuholski, Mrs. James M.
6213 Newburgh Rd. (15)
Tweedall, Mrs. Daniel C...900 S. Meadow Rd. (15)
Ulrey, Mrs. Robert P.....130 E. Mill Rd. (11)

V-W

Valle, Mrs. Santiago.....1125 Glenmore Ct. (15)
Vancil, Mrs. Martin.....2208 Dusseldorf (11)
Venables, Mrs. A. J.....420 Runnymeade (14)
Vincent, Mrs. William.....7300 E. Powell (15)
Visher, Mrs. John W.
510 E. Mt. Pleasant Rd. (11)
VonderHaar, Mrs. Thomas E.
901 S. Burkhardt Rd. (15)
Wait, Mrs. Raymond B.....508 Martins Lane (15)
Walker, Mrs. William F...1220 Cullen Ave. (15)
Walter, Mrs. Robert F.
1514 S. Kentucky Ave. (14)
Warner, Mrs. Charles L.
4120 Bellemeade Ave. (15)
Weiss, Mrs. H. G.....1014 E. Powell Ave. (14)
Welborn, Mrs. Mell B...1832 Mt. Auburn Rd. (12)
Wilhelmus, Mrs. C. Kenneth
6929 Newburgh Rd. (15)
Wilhelmus, Mrs. Gilbert M.
5901 Newburgh Rd. (15)
Willison, Mrs. George W..605 St. Mary's Dr. (15)
Wilson, Mrs. David.....615 Willow Rd. (14)
Wilson, Mrs. John D.....921 Colony Rd. (15)
Wynn, Mrs. Justice F...651 S. Weinbach Ave. (14)

Y-Z

Young, Mrs. C. Curtis, Jr...2327 Lincoln Ave. (14)
Zunker, Mrs. Heinz.....1801 Mt. Auburn Road

Stover, Mrs. Wendell C.....Sherwood Apts. #120
2902 Airport Road, Colorado Springs, Colo. 80910
Crist, Mrs. John R.....320 Emmick, Mt. Vernon (47620)
Hirsch, Mrs. H. L...801 Williams Dr., Mt. Vernon (47620)
Vogel, Mrs. John L....R. R. #4, Mt. Vernon 47620
McCarthy, Mrs. Joseph
Owens Drive, Newburgh 47630
Rusche, Mrs. Henry J.....1041 State St., Newburgh (47630)
Rusche, Mrs. Thomas.....R. R. #2, Sharon Rd., Newburgh (47630)
Williams, Mrs. Jack.....R. 1, Box 415, Newburgh (47630)
Winebrenner, Mrs. John
200 W. Jennings, Newburgh 47630
Woodward, Mrs. Ben E.
#6 Orchard Lane, R. R. 1, Newburgh (47630)
Zwickel, Mrs. R. E.....Darby Hills, Newburgh (47630)
Ropp, Mrs. Harold E...Church St., New Harmony (47631)
Smith, Mrs. Gordon L.....R. R. 2, New Harmony (47631)

VIGO COUNTY

Terre Haute

(*Zip Code 478 plus zone number*)

A

Anderson, Mrs. W. C.....380 S. 22nd St. (03)

B

Bannon, Mrs. Wm. G.....2126 Ohio Blvd. (03)
Bloxdorf, Mrs. John W...111 VanBuren Blvd. (03)
Blum, Mrs. Leon L.....3200 Ohio Blvd. (03)
Bopp, Mrs. Henry W., Jr...73 Allendale Pl. (02)
Bopp, Mrs. Henry W., Sr...132 Barton Ave. (03)
Bopp, Mrs. James.....330 Hamilton Dr. (02)
Boyd, Mrs. H. Clark.....56 Long Ridge Rd. (02)
Bristol, Mrs. H. M. S.....2326 Tippecanoe (03)
Brown, Mrs. Robert R...2544 N. Ninth St. (02)

C-D

CaJacob, Mrs. Melville E...1000 S. Sixth St. (07)
Caldwell, Mrs. M. V.....6151 Clinton Road (05)
Carpenter, Mrs. Donald J...6879 Carlisle Rd. (38)
Chau, Mrs. Andrew Y. S.....9 Monroe Blvd. (03)
Combs, Mrs. Stuart R.....1155 Gilchrist Rd. 47802
Connerley, Mrs. Marion L...2824 Ohio Blvd. (03)
Conway, Mrs. Thomas J.....207 Barton Ave. (03)
Crockett, Mrs. Wayne A.....3601 Ohio Blvd. (03)
Davis, Mrs. Paul E.....1910 Boston (05)
Dierdorf, Mrs. Fred.....103 S. 23rd St. (03)
Drummy, Mrs. Wm W...4951 Dixie Bee Road (02)
Dyer, Mrs. G. Wallace.....2710 Wilson Dr. (03)

E-F

Freed, Mrs. John E., Jr...2425 N. Eighth St. (04)
Freed, Mrs. John E., Sr.....2408 N. 10th St. (04)

G

Gerrish, Mrs. Don A.....5206 Clinton Rd. (05)
Gilbert, Mrs. Ivan.....2641 Crawford St. (03)
Goodman, Mrs. Hubert T.
220 Gardendale Rd. (03)
Gossom, Mrs. Donn R.....1904 Ohio Blvd. (03)

H

Haslem, Mrs. John R.
1700 S. Fruitridge Ave. (03)
Hogan, Mrs. Thomas W.....3505 Ohio Blvd. (03)
Humphrey, Mrs. Paul E...2631 N. Ninth St. (04)

J-K

Johnson, Mrs. Edward..313 Terre Vista Dr. (03)
Johnson, Mrs. Paul D., Jr.....62 AllenDale (02)
Kabel, Mrs. Robert N.....2201 Ohio Blvd. (03)
Kunkler, Mrs. Arnold W...147 Monterey Ave. (03)
Kunkler, Mrs. William C...1119 S. Center St. (07)

L

LaBier, Mrs. C. Russell....R. R. 31, Box 454 (07)
Lancet, Mrs. Robert O.....20 Nitche Dr. (03)
Lee, Mrs. James C.....12 32nd St. Ct. (03)
Lenyo, Mrs. Ludimere...700 Delaware Ave. (04)
Lowenstein, Mrs. W. L.....1909 Ohio Blvd. (03)
Lyons, Mrs. L. Mason.....123 S. 21st St. (03)

M

McBride, Mrs. Noel S.....67 Allendale Pl. (02)
McCrea, Mrs. Fred R.....2517 N. Eighth St. (04)
McEwen, Mrs. James W.....107 Wren Dr. (03)
Malone, Mrs. L. A.....2511 N. Ninth St. (04)
Mankin, Mrs. William....175 Lakeview Dr. (03)
Mason, Mrs. Lester M.....66 Allendale Pl. (02)
Mattox, Mrs. Don M.....52 Allen Dale, 47802
Mattox, Mrs. Ernest
4951 Dixie Bee Rd. Apt. # 72, 47802
Meissel, Mrs. Robert L.....154 Hamilton Dr. (03)
Miklozek, Mrs. J. E.....2204 Ohio Blvd. (03)
Mitchell, Mrs. A. M.....3224 Oak St. (03)
Mitchell, Mrs. John R.....2421 Ohio Blvd. (03)
Mitre, Mrs. I. N.....10 Rutledge Place, 47803

Musselman, Mrs. Glen..7222 Wabash Ave. (03)

N-O-P

Nay, Mrs. Ernest O.....29 S. 20th St. (03)
Neudorff, Mrs. Louis G.....213 Barton Ave. (03)
Nuval, Mrs. Augusto T.....65 Heritage Dr. (03)
Pearce, Mrs. Roy V.....269 S. 26th St. Dr. (03)
Peterson, Mrs. D. D.....74 Doe Dr. (04)

R

Reed, Mrs. Robert C.....205 Lakeview Dr. (03)
Richart, Mrs. James V.....336 Hamilton Dr. (03)
Rosene, Mrs. Harold A.....4951 Dixie Bee Rd., Apt. 29 (02)
Rourke, Mrs. Robert F.....R. R. 25, Box 460 (03)
Rubin, Mrs. Milton M.....2401 Ohio Blvd. (03)

S

Sayers, Mrs. Frank E.....436 Bluebird Dr. (03)
Sherb, Mrs. Burton E...211 Gardendale Rd. (03)
Schott, Mrs. Edward J.....653 Oak St. (07)
Schumaker, Mrs. Robert A. 3498 Margaret Ave. (02)
Scully, Mrs. William E.....2649 Oak St. (03)
Showalter, Mrs. John R., Jr. 2511 N. Eighth St. (04)
Shriner, Mrs. William C...123 Woodbine Dr. 47803
Siebenmorgen, Mrs. Paul 2515 N. Seventh St. (07)
Silverman, Mrs. Norman M. 1142 S. Center St. (02)
Sison, Mrs. Vicente G.....2101 Ohio Blvd. (03)
Speas, Mrs. Robert C.....R. R. 5, Box 249 (05)
Stoelting, Mrs. J. Lewis..1919 N. Seventh St. (07)
Sullivan, Mrs. John M.....2242 College Ave. (03)

T-V

Topping, Mrs. Malachi C...75 Gardendale Rd. (03)
Vance, Mrs. William C...4951 Dixie Bee Rd. (02)
Veach, Mrs. William L.....97 Allendale Pl. (02)

W-Z

Weber, Mrs. Joseph.....114 S. Glen Apt. 31
West, Mrs. Roger F.....54 Allendale (02)
Wheeler, Mrs. Byron.....31 Ferndale Dr. (03)
Wiedmann, Mrs. Frank E.....Box 572 (02)
Wilson, Mrs. Fred L.....1124 S. Center St. (02)
Win, Mrs. Tun.....1305 Royce Ave. (02)
Yates, Mrs. Donald L.....100 Berkley Dr. (03)
Zwerner, Mrs. Paul F...2510 N. Eighth St. (04)

Keefer, Mrs. Harry
R. R. 3, Box 212 B, West Terre Haute (47885)

WAYNE-UNION COUNTIES

Hill, Mrs. Paul G...5 N. Foote St., Cambridge City (47327)
Kenyon, Mrs. Emil..303 Mulberry, Cambridge City (47327)
Mendoza, Mrs. F. F. 722 W. Parkway Dr., Cambridge City
Barton, Mrs. Willoughby M. 200 N. Morton, Centerville (47330)
Shepard, Mrs. Fred F.....College Corner, Ohio (45003)
Hutchison, Mrs. Donald R...Fountain City (47341)
McWilliams, Mrs. William B.....R. R. 4, Liberty (47353)

Richmond

(*Zip Code* 47374)

Adney, Mrs. Frank.....214 S. E. Parkway
Ake, Mrs. Loren.....220 S. 18th St.
Allen, Mrs. Robert T.....212 S. 21st St.
Anderson, Mrs. Robert C...Richmond State Hosp.
Ballenger, Mrs. Wm.....3002 Dorothy Lane
Blossom, Mrs. Paul W.....620 S.W. 21st St.
Butler, Mrs. Richard.....1710 Capri Lane
Cabigas, Mrs. Jose S.....2209 Oak Park Dr.
Clarkson, Mrs. C. G.....2331 Locust Lane
Coble, Mrs. Frank H.....R. R. 3, Box 38
Curiel, Mrs. Hector J.....680 Hole Circle
Daggy, Mrs. James R.....47 S. 24th St.
Deanovic, Mrs. Frank W.....3012 Park Ave.
Dehner, Mrs. John R.....212 S. 22nd St.
Dingle, Mrs. Paul E.....206 S. 32nd St.
Dreyer, Mrs. Ralph W.....4111 Backmeyer Rd.
Ebbinghouse, Mrs. Tom.....13 Parkway Lane
Gibson, Mrs. Alois E.....209 S. 16th St.
Guthrie, Mrs. James R.....3112 S. E. Parkway
Harmon, Mrs. Carl J.....6 Keystone, Apt. 6
Hibner, Mrs. Dan W.....50 S. 24th St.
Isaacs, Mrs. Sidney.....2200 S. 23rd St.
Johnson, Mrs. George M.....115 S. 23rd St.
Lee, Mrs. Glen Ward.....Greenmount Pike
Lewis, Mrs. James.....320 Greenbrier Dr.
Ling, Mrs. John F.....6 Parkway Lane
Loomis, Mrs. Charles H.....Garwood Rd.
McIlroy, Mrs. Richard J.....Richmond State Hosp.
Mader, Mrs. John H.....1528 Chester Blvd.
Meredith, Mrs. Elwood J.....205 S. 19th St.
Miller, Mrs. Harold L.....560 Tingler Rd.
Millis, Mrs. Arthur B.....2301 S. "A" St.
Paraiso, Mrs. Antonio Q.....241 S. 31st St.
Park, Mrs. Byron J.....220 S. 24th St.
Plasterer, Mrs. Edward D.....212 S. 16th St.
Ramsdell, Mrs. Glen A.....501 Henley Rd. S.
Schmitt, Mrs. Robert W.....25 Circle Dr.
Sherer, Mrs. Kenneth E.....4 Parkway Lane
Shields, Mrs. Tom S.....2203 S. "E" St.
Short, Mrs. John A.....4284 S. C. Court
Snyder, Mrs. Morris C.....3201 Toddsbury Lane
Spellmeyer, Mrs. John C.....3010 Park Woods Dr.
Stepleton, Mrs. John D.....4220 Bockmeyer Rd.
Stilwell, Mrs. William R.....2607 S. "C" Pl.
Warren, Mrs. Robert J.....1624 Reeveston Rd.
Warrick, Mrs. Francis B.....2106 South "B" St.
Weitemier, Mrs. Raymond A.....25 S. 25th St.
Wertenberger, Mrs. Morris..779 Greenmount Pike
Wiland, Mrs. Olin K.....4375 S. "C" St.
Woodman, Mrs. Kenneth.....4412 S. "B" St.
Wynegar, Mrs. David E.....Richmond State Hosp.
Zore, Mrs. Joseph J.....14 Parkway Lane

WELLS COUNTY

Bluffton

(*Zip Code* 46714)

Bradley, Mrs. Louis F. Country Club Addition, R. R. 4
Caylor, Mrs. Charles H. R. R. # 4, Country Club Estates
Caylor, Mrs. Truman E.....920 River Rd.
Collins, Mrs. Jack T.....R. R. 3
Cook, Mrs. Robert G.....1225 Summit Ave.
Dorrance, Mrs. Thomas O.....302 Northwood Dr.
Eisaman, Mrs. Jack L.....1011 Riverview Dr.
Graf, Mrs. Russell E...1110 Highland Park Circle
Jauernig, Mrs. Russell R.....1445 McConnell Rd.
Johnston, Mrs. Robert L.....811 S. Morgan
Kephart, Mrs. S. Bruce.....P. O. Box 12
Lohmuller, Mrs. Herbert.....1120 River Road
Matzen, Mrs. Richard N.....R.R. 3
Mayock, Mrs. Peter P.....1100 River Rd.
Meier, Mrs. Donald W.....1205 Summit Ave.
Mudrony, Mrs. Jeno.....R. R. 4
Panos, Mrs. Constantine G....1144 Wildwood Lane
Pietz, Mrs. David G.....R. R. 3
Pitts, Mrs. Neal C.....1020 Highland Park Circle
Shaw, Mrs. Glenn R.....926 Riverview Dr.
Steckbeck, Mrs. Robert L.....1110 Summit Ave.
Strehler, Mrs. Donald A.....R. R. 4

Symon, Mrs. William E.....632 S. Main St.
Yoder, Mrs. Richard P.....931 S. Wayne St.

WHITE COUNTY

Derhammer, Mrs. George L.....Brookston (47923)

Monticello

(*Zip Code* 47960)

Bougher, Mrs. Gerald R.....Orchard Lane
Dickerson, Mrs. W. Martin....218 E. Market St.
Fields, Mrs. Max L.....R. R. 3
Hibner, Mrs. Nolan A.....214 S. Illinois
Jehanyar, Mrs. M. Ali.....R. R. 5
McClure, Mrs. Stanley E.....R. R. 1
Morris, Mrs. Warren V.....R. R. 3

WHITLEY COUNTY

Minick, Mrs. Linus J.....N. Line St., Churubusco (46723)

Columbia City

(*Zip Code* 46725)

Hamilton, Mrs. Thomas G.....Box 508
Heritier, Mrs. C. Jules.....700 Hill Dr.
Langohr, Mrs. John L.....321 N. Main St.
Lehmberg, Mrs. Otto F. C.....706 West Park Dr.
Niccum, Mrs. Warren L.....Grove Park
Reid, Mrs. Donald B.....West Park Dr.
Roth, Mrs. James R.....323 N. Chauncey St.
Thompson, Mrs. Frank M.....526 E. Jefferson
Vogel, Mrs. John L.....Grove Park
Wait, Mrs. Jerome H.....R. R. 5
Wilson, Mrs. John S.....R. R. 3

Stalter, Mrs. Gaylord W...North Webster (46555)
Garber, Mrs. Paul A.
305 E. Seminary, Greencastle (46135)
Huffman, Mrs. Verlin P.
701 State St., South Whitley (46787)

MEMBERS-AT-LARGE

Apple, Mrs. Eddie R.
503 W. Market St. Salem, Washington (47167)
Artz, Mrs. Richard W.
606 Darling, Angola, Steuben (46703)
Baluyut, Mrs. Amando
36 Dolores Ave., Peru, Miami (46970)
Bacala, Mrs. Jesus C.
878 N. Gardner, Scottsburg, Scott (47170)
Beardsley, Mrs. Frank A.
751 E. South St., Frankfort, Clinton (46041)
Bethea, Jr., Mrs. R. O.
Box 247, Farmersburg, Sullivan (47850)
Bogardus, Mrs. Carl R.
Kyana Farm, R. R. 2, Austin, Scott (47102)
Brockman, Mrs. Wilfred J.
R. R. #3, Box 16B, Corydon, Harrisan (47112)
Cameron, Mrs. Don F.
313 E. Maumee, Angola, Steuben (46703)
Coddens, Mrs. Avery L.....R. R. 1, Fowler, Benton (47944)
Coleman, Mrs. Floyd B..Waterloo, DeKalb (46793)
Compton, Mrs. George L.
221 N. Independence, Tipton, Tipton (46072)
Eiler, Mrs. Paul A.
R. R. 2, North Manchester, Wabash (46962)
Emery, Mrs. Charles Jr.....1100 So. High St., Bloomington, Monroe (47401)
Encinas, Mrs. Senen J.
704 S. Main St., English, Orange (47118)
Farris, Mrs. John J.....3848 Rue Voltaire
Chateau de Ville Apt., Indpls., Marion (46220)
Fong, Mrs. Theodore C. C.....316 Bellaire Dr., Madison, Jefferson (47251)
Guthrie, Mrs. James.....331 W. Third, Peru, Miami (46970)
Haller, Mrs. Robert L...Kempton, Tipton (46049)
Hanneken, Mrs. V. J.....119 Highland Dr. Wabash, Wabash (46992)
Hathaway, Mrs. Clayton B.
410 N. Broadway, Butler, DeKalb (46721)
Heaton, Mrs. Elton.....1950 Valley Vista Court, Madison, Jefferson (47250)
Hill, Mrs. Lloyd.....166 W. Sixth St., Peru, Miami (46970)
Hippensteel, Mrs. Harland Jr.
R. R. 2, Box 102, Auburn, DeKalb (46706)
Hisrich, Mrs. Lloyd W.
6 Henry St., Batesville, Ripley (47006)
Hoffman, Mrs. Max
227 Elm Dr. Covington, Fountain (47932)
Hollenburg, Mrs. Edward L.
613 Tippecanoe Dr., Winamac, Pulaski (46996)
Hopkins, Mrs. L. H.....Box 414, Versailles, Ripley (47042)
Huckleberry, Mrs. Irvin E.....P. O. Box 67 Salem, Washington (47167)
Jinnings, Mrs. Loren.....P.O. Box 540, Auburn, DeKalb (46706)
Kincaid, Mrs. Raymond.....R. R. 1, Tipton, Tipton (46072)
Lynch, Mrs. Otis R.
Marengo, Crawford (47140)
Manifold, Mrs. Harold.....1100 Brooks Dr. Bloomington, Monroe (47401)
Manship, Mrs. C. Stanley
Box 6 - R. R. # 1, Hardinsburg, In 47125
Martin, Mrs. Samuel W.....R. R. 1, Corydon, Harrison (47112)
Mason, Mrs. Donald G.
416 E. Maumee, Angola, Steuben (46703)
Maurer, Mrs. Robert
1115 N. Meridian, Brazil, Clay (47834)
May, Mrs. R. Milton..Laconia, Harrison (47135)
McClain, Mrs. Marvin L.
384 E. McClain, Scottsburg, Scott (47170)
McConnell, Mrs. William C.
512 N. Meridian, Sunman, Ripley (47041)
Mehne, Mrs. Richard G.
R. R. 1, Brazil, Clay (47834)
Middleton, Mrs. Thomas
210 Gilbert, Bloomington, Monroe (47401)
Morford, Mrs. Guy.....2511 E. 2nd St., Apt. #6, Bloomington, Monroe (47401)
Moses, Mrs. Robert..Worthington, Greene (47471)
Mount, Mrs. Mathias S.
148 S. Lewis St., Bloomfield, Greene (47424)
Omstead, Mrs. Milton
E. Main St., Petersburg, Pike (47567)
Pearson, Mrs. William E.
290 N. Wabash, Wabash, Wabash (46992)
Petrich, Mrs. Peter....409 E. Washington, Attica, Fountain (47918)
Pierce, Mrs. Wm. J.....R. R. 1, Bruceville, Knox (47516)
Raney, Mrs. Ben.....370 E. Vincennes St., Linton, Greene (47441)
Ratts, Mrs. Larry D.....1909 Viva Drive, Bloomington, Monroe (47401)

Rendel, Mrs. H. E.....Holiday House, R. R. # 3, Peru, Miami (46970)
Reyes, Mrs. Diego.....2 Summit Dr., Peru, Miami (46970)
Riley, Mrs. H. Schirmer.....440 Fairmount Dr., Madison, Jefferson (47250)
Ringer, Mrs. William A. 408 E. Pike, Attica, Fountain (47918)
Schantz, Mrs. Richard.....418 So. Kentucky St., Remington, Jasper (47977)
Schrepferman, Mrs. Wayne R. R. 2, Hamilton, Steuben (46742)
Scott, Mrs. Irvin H.....320 W. Washington, Sullivan, Sullivan (47882)
Seat, Mrs. Marshall H...310 Hefron, Washington, Daviess (47501)
Seward, Mrs. George.....201 W. Main St., North Manchester, Wabash (46962)
Silvers, Mrs. L. Michael.....R. R. 2, Box 166, North Manchester, Wabash (46962)
Sixbey, Mrs. M. Dean Box 68, Chili, Miami (46926)
Sloan, Mrs. W. K.....426 E. Main St., Madison, Jefferson (47250)
Smith, Mrs. Lloyd H.....R. R. 4, Briarwood Add., N. Manchester, Wabash (46962)
Snyder, Mrs. Parker W.....159 W. Sixth St., Peru, Miami (46970)
Stephens, Mrs. Lowell R.....P. O. Box 185, Covington, Fountain (47932)
Stoops, Mrs. Jean T.....563 N. Miami, Wabash, Wabash (46992)
Stouder, Mrs. Albert E.....407 S. West St., Kempton, Tipton (46049)
Thompson, Mrs. Wm.....111 No. Monticello, Winamac, Pulaski (46996)
Tower, Mrs. T. Kermit Campbellsburg, Pike (47108)
Williams, Mrs. Paul A.....P.O. Box 317 Rennselaer, Jasper (47978)
Woner, Mrs. John.....390 "A" St. N. E., Linton, Greene (47441)
Work, Mrs. Bruce A.....451 Harvard Terrace, Frankfort, Clinton (46041)
Zink, Mrs. Robert.....502 Broadway, Madison, Switzerland (47250)

1971 ROSTER

INDIANA SOCIETY MEDICAL SERVICE REPRESENTATIVES
INDIANAPOLIS CHAPTER

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Vice President	Charles Sutton
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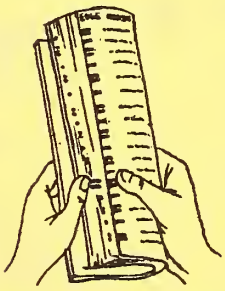

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Community Centers for the Mentally Retarded*

ADAMS-WELLS COUNTY

Adams-Wells Association for Retarded Children, Inc.
R.R. 4, Bluffton 46714

ALLEN COUNTY

Retarded Children's Society of Allen County, Inc.
2542 Thompson Ave., Fort Wayne 46807

BARTHOLOMEW COUNTY

Bartholomew County Chapter I. A. R. C.
1215 Cottage Ave., Columbus 47201

Opportunity Center, Inc.
1402 Hutchins Avenue, Columbus 47201

CASS COUNTY

Cass County Council for Mentally Retarded Children, Inc.
1416 Woodlawn Ave., Logansport 46947

CLARK COUNTY

Council for Retarded Children of Clark County, Inc.
P.O. Box 486, Jeffersonville 47130

CLINTON COUNTY

Clinton County Association for Retarded Children, Inc.
1059 McKinely Ave., Frankfort 46041

DAVIESS COUNTY

Daviess County Association for Retarded Children, Inc.
3 E. Walnut St., Washington 47501

DELAWARE COUNTY

Delaware County Council for Retarded Children, Inc.
624 S. Jefferson St., Muncie 47305

DUBOIS COUNTY

Southern Indiana Retardation Services, Inc.
Box 285, Tell City 47586

ELKHART COUNTY

Elkhart County Association for the Retarded, Inc.
1000 W. Hively Ave., Elkhart 46514

FLOYD COUNTY

Floyd County Council for the Retarded, Inc.
Shrader and Abby-Dell Aves., New Albany 47150

FULTON COUNTY

Fulton County Association for Retarded Children, Inc.
1229 Lakeshore Dr., Rochester 46975

GRANT COUNTY

Grant County Association for Retarded Children, Inc.
2715 S. Western Ave., Marion 46952

HAMILTON COUNTY

Hamilton County Association for Retarded Children, Inc.
P. O. Box 361, Noblesville 46060

HANCOCK COUNTY

Hancock County Association for Retarded Children, Inc.
P.O. Box 216, Greenfield 46140

HARRISON-ORANGE COUNTY

Harrison-Orange County Association for Retarded, Inc.
Palmyra 47164

HOWARD COUNTY

Howard County Association for the Education of Mentally Retarded Children, Inc.
1425 S. Plate, Kokomo 46901

HUNTINGTON COUNTY

Huntington County Association for Retarded Children, Inc.
P.O. Box 1001, Huntington 46750

JAY COUNTY

Jayland Workshop, Inc.
E. Water St., Portland 47371

JOHNSON COUNTY

Johnson County Association for the Parents and Friends of Retarded Children, Inc.
300 East Adams, Franklin 46131

KOSCIUSKO COUNTY

Council for the Retarded of Kosciusko County, Inc.
504 N. Bay Dr., Warsaw 46580

LaGRANGE COUNTY

LaGrange County Association for Retarded Children, Inc.
Box 328, Howe 46746

LAKE COUNTY

Lake County Association for Retarded Children, Inc.
2650 W. 35th Ave., Gary 46408

LAPORTE COUNTY

Parents' Council for Retarded Children of LaPorte County, Inc.
3200 S. Cleveland Ave., Michigan City 46360

MADISON COUNTY

Madison County Association for Retarded Children, Inc.
1620 W. Seventh St., Anderson 46016

MARION COUNTY

Marion County Association for Retarded Children, Inc.
1319 N. Pennsylvania St., Indianapolis 46202

* Compiled by the Indiana Department of Mental Health, Division of Mental Retardation, 1315 W. Tenth St., Indianapolis 46202.

MARSHALL-STARKE COUNTIES

Marshall-Starke Development Center, Inc.
R. R. 3, Box 66A, Plymouth 46563

MONROE COUNTY

Stonebelt Council for Retarded Children, Inc.
1620 Matlock Rd., Bloomington 47401

MONTGOMERY COUNTY

Montgomery County Association for the Mentally Retarded, Inc.
407 Ben Hur Bldg., Crawfordsville 47933

MORGAN COUNTY

Morgan County Association for Retarded Children, Inc.
P.O. Box 484, Martinsville 46151

ORANGE COUNTY

Orange County Association for Retarded Children, Inc.
P.O. Box 143, Paoli 47454

PARKE COUNTY

Parke County Association for Parents and Friends of Retarded Children, Inc.
P. O. Box 96, Rockville 47872

PULASKI COUNTY

Pulaski County Council for Retarded & Exceptional Persons, Inc.
112 W. Main St., Winamac 46996

RIPLEY COUNTY

New Horizon Rehabilitation, Inc.
P. O. Box 98, Batesville 47006

STEUBEN COUNTY

Community Sheltered Workshop of Steuben County, Inc.
Pleasant Lake 46779

ST. JOSEPH COUNTY

Council for the Retarded of St. Joseph County, Inc.
1235 N. Eddy St., South Bend 46617

SULLIVAN COUNTY

Sullivan County Association for Retarded Children, Inc.
501 North Hartley Street, Sullivan 47882

TIPPECANOE COUNTY

Wabash Center for the Mentally Retarded, Inc.
2000 Greenbush St., Lafayette 47904

VANDERBURGH COUNTY

Evansville Association for Retarded Children, Inc.
2029 Washington Ave., Evansville 47714

VIGO COUNTY

Vigo County Association for Retarded Children, Inc.
215 S. Sixth Street, Terre Haute 47801

Beacon School of the Valley
1900 North 7th St., Terre Haute 47804

WABASH COUNTY

Wabash County Council for Mentally Retarded and Vocationally Handicapped, Inc.
R.R. 4, Wabash 46992

WAYNE COUNTY

Wayne County Council for Retarded Children, Inc.
800 Mendleson Dr., Richmond 47374

WHITE COUNTY

Comprehensive Association for Retarded Children, Inc.
104 West South Street, Monticello 47960 ◄

From *The Journal* 50 Years Ago

It is the height of absurdity for anyone to try to make out that beer or alcoholic beverages of any kind are a necessity for medicinal purposes, and it goes without saying that the present propaganda in that direction comes from the breweries and not the medical profession. Even medical men who formerly used alcoholic beverages in moderation would not advocate it as a necessity in the practice of medicine.

Of course we are compelled to admit that there are a few doctors who do not follow the straight and narrow path (even as there are preachers and priests who deviate from the narrow way) and who may be willing to "sell their birthright for a mess of pottage," but not all, and the medical profession as a whole has been injured in the eyes of the public because a few of its members have not the moral stamina to live up to the trust placed in them.

Physicians, individually and collectively, should let it be known in no uncertain manner that this demand for the manufacture of beer and other malt liquors for medicinal purposes has not come from the medical profession, and that the medical profession as a whole is opposed to legalizing the manufacture of such in the name of medicinal therapeutics. . . . Editorial Note, *JISMA*, June 1921.

Federally Approved Home Health Services Agencies in Indiana

ALLEN COUNTY
Visiting Nurses Service of Fort Wayne, Inc.
227 E. Washington Blvd.
Fort Wayne

BARTHOLOMEW COUNTY
Home Care Department
Bartholomew County Hospital
2400 East 17th St.
Columbus

CRAWFORD COUNTY
Crawford County Community Health & Homemaker Service
Court House
English

DECATUR COUNTY
Home Nursing Agency
Decatur County Health Department
125 West Main Street, Kohler Bldg.
Greensburg

DELAWARE COUNTY
Visiting Nurse Association, Inc.
2500 Bethel Avenue
Muncie

ELKHART COUNTY
Nursing Division
Elkhart County Health Unit
313 N. Second St.
Elkhart

FOUNTAIN COUNTY
Home Health Division
Fountain-Warren County Health Department
109 Mill Street
Attica

FULTON COUNTY
Home Health Nursing Division
Fulton County Health Dept.
Court House
Rochester

GRANT COUNTY
Grant County Visiting Nurse Association, Inc.
501 Wabash Avenue
Marion

JACKSON COUNTY
Home Health Care Division
Jackson County Dept. of Health
Jackson County Hospital
Poplar & Bruce Streets
Seymour

JEFFERSON COUNTY
Home Health Division
Jefferson County Health Department
608 Broadway
Madison

JOHNSON COUNTY
Division of Nursing
Johnson County Health Department
Court House
Franklin

LAKE COUNTY
Home Care Department
Lake County Health Dept.
Court House
Crown Point

Home Nursing Service
United Health Program
United Community Chest, Inc.
111 Silbey Ave.
Hammond

Visiting Nurse Assn., Inc.
532 W. Chicago Ave.
East Chicago

Visiting Nurse Association of Gary, Inc.
3807 Washington St.
Gary

LAPORTE COUNTY
Visiting Nurses Association of LaPorte County, Inc.
717 Franklin St., Room 232
Michigan City

MARION COUNTY
Visiting Nurse Association, Inc.
615 N. Alabama St.
Indianapolis

Home Care Agency of Marion County
3242 N. Meridian St.
Indianapolis

East Side Home Care
120 S. Ridgeview
Indianapolis

MARSHALL COUNTY
Home Health Division
Marshall County Health Dept.
Court House
Plymouth

MONROE COUNTY
Public Health Nursing Assn. of Bloomington & Monroe County, Inc.
315 W. Dodds St.
Bloomington

OHIO COUNTY
Ohio County Board of Health
City Hall
Rising Sun

PORTER COUNTY
Visiting Nurse Association of Porter County, Inc.
2304 North Calumet
Valparaiso

RUSH COUNTY
Rush County Home Health Services
Rush County Public Health Dept.
Courthouse, Room 5
Rushville

ST. JOSEPH COUNTY
Visiting Nurses Assn. of St. Joseph County, Inc.
321 Lincolnway West
South Bend

SCOTT COUNTY
Home Care Division
Scott County Health Department
R. R. 2
Scottsburg

SULLIVAN COUNTY
Home Care Agency
Mary Sherman Hospital
320 North Section Street
Sullivan

TIPPECANOE COUNTY
Visiting Nursing Service of Lafayette, Inc.
1114 State St.
Lafayette

VANDERBURGH COUNTY
Evansville Public Health Nursing Assn.
120 S.E. First St.
Evansville

VIGO COUNTY
Visiting Nurse Assn. of Terre Haute, Inc.
328 S. Fifth St.
Terre Haute

WAYNE COUNTY
Public Health Nursing Assn.
15 N. 10th St.
Richmond

Medicare Approved Independent Clinical Laboratories

ALLEN COUNTY

Ft. Wayne Medical Laboratory
520 Medical Center Building
347 W. Berry St.
Ft. Wayne 46802

CLARK COUNTY

Jeffersonville Clinical Laboratory
201 E. Market St.
Jeffersonville 47130

DAVIESS COUNTY

Medical Laboratory
516 S. E. Fifth St.
Washington 47501

FLOYD COUNTY

Physician's Precision Automated Laboratories, Inc.
1919 State St.
New Albany 47150

GREENE COUNTY

Haag Medical Laboratory
210 E. Vincennes St.
Linton 47441

HAMILTON COUNTY

Foster-Muller-Sullivan Medical Laboratory
79 First Ave., S.W.
Carmel 46032

JOHNSON COUNTY

Greenwood Clinical Laboratory, Inc.
360 S. Madison Ave.
Greenwood 46142

KNOX COUNTY

Doctors' Laboratory
704 Vigo St.
Vincennes 47591

W. J. Pierce, M.D., Laboratory
R. R. #1
Bruceville 47516

LAKE COUNTY

Crown Point Clinical Laboratory
113 N. Court St.
Crown Point 46307

Lake Ridge Medical Laboratory, Inc.
1573 N. Cline Ave.
Griffith 46319

Gary Clinical Laboratory
504 Broadway
Gary 46402

Gary Medical Center Clinical Laboratories
3290 Grant St.
Gary 46408

H. Y. Chang, M.D., Clinical Laboratory
3275 Broadway
Gary 46409

Physicians Laboratory
5246 Hohman Ave., Room 409
Hammond 46320

LAPORTE COUNTY

Frost, McBride Associates, Inc., Pathology Laboratories
1701 Buffalo St.
Michigan City 46360

MADISON COUNTY

Anderson Medical Laboratories, Inc.
121 W. 12th St.
Anderson 46016

MARION COUNTY

Irvington Medical Laboratory
6051 E. Washington St.
Indianapolis 46219

Madison Village Laboratory
7210 Madison Ave.
Indianapolis 46227

Meridian Laboratory
3120 N. Meridian St.
Indianapolis 46208

Mershon Medical Laboratories
3855 E. 10th St.
Indianapolis 46201

Mershon Medical Laboratories
3600 W. 16th St.
Indianapolis 46222

Mershon Medical Laboratories
4230 S. Madison Ave.
Indianapolis 46227

Medical Laboratory of Drs. Thornton, Haymond, Costin, Buehl
301 E. 38th St.
Indianapolis 46205

ST. JOSEPH COUNTY

Medical Arts Laboratory
303 S. Main St.
Mishawaka 46544

South Bend Medical Foundation, Inc.
531 N. Main St.
South Bend 46601

TIPPECANOE COUNTY

Physicians Clinical Laboratory, Inc.
2500 Ferry St.
Lafayette 47904

VANDERBURGH COUNTY

Clinical Laboratory of Drs. Porro & Shively
3700 Bellemeade Ave., Suite 119
Evansville 47715

Mid-America Pathology Service, Inc.
P.O. Box 138
3700 Bellemeade Ave.
Evansville 47701

Pathology Laboratory Service
611 Harriet St.
Evansville 47710

VIGO COUNTY

Terre Haute Medical Laboratory
1505 N. Seventh St.
Terre Haute 47808

Valley Medical Laboratory
465 S. 25th St.
Terre Haute 47803

WAYNE COUNTY

Richmond Clinical Pathology Laboratory
1250 Chester Blvd.
Richmond 47374 ◄

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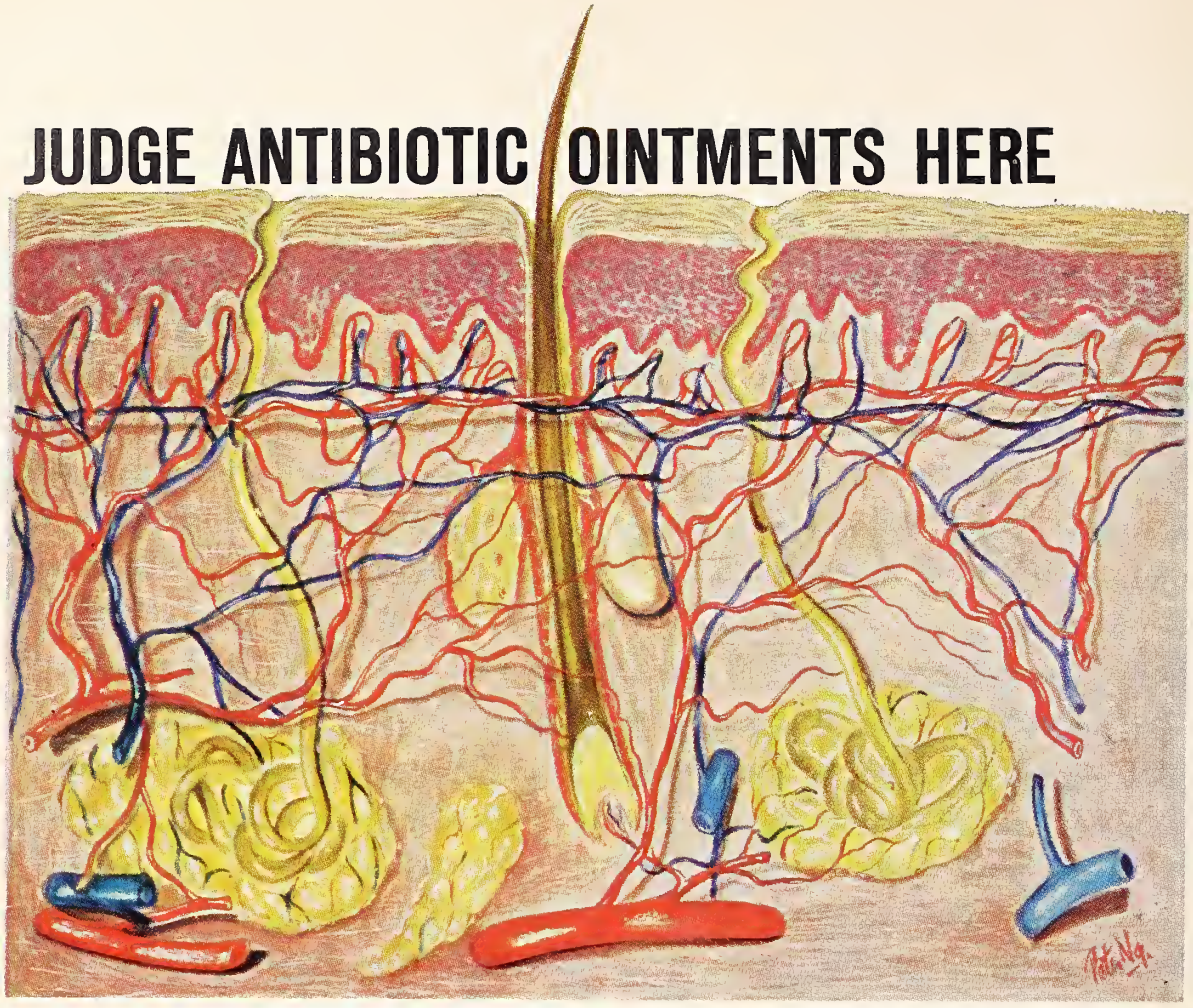

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Due to the additional content of the Yearbook, cut-off date for changes in the following groups was in April. Some have changed in the interim. However, it is felt that where officers have changed, a query to those listed here will put interested persons in contact with such groups.

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Council on Long Range Planning and Development—Secretary not yet appointed.

Continued

* Dr. Hall will be installed at the June meeting of the AMA. The President-Elect had not been named at the time this issue went to press. His election will be announced in the July *Journal*.

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St. Anthony Hospital Indiana State University; Eastern Illinois University, Charleston; St. Mary-of-the-Woods College, St. Mary-of-the-Woods	J. C. Lee, MD A. Beaver, MT(ASCP)
Vincennes	
Good Samaritan Hospital Indiana State College, Terre Haute; Purdue University, LaFayette; Ball State University, Muncie; Evansville University, Evansville; University of Southern Illinois Carbondale, Illinois	B. K. Black, M.D. P. H. Bousley, MA, MT (ASCP)

Approved by the Council on Medical Education of the American Medical Association in collaboration with the American College of Radiology and the American Society of Radiologic Technologists.

For Radiologic Technologist — 1971

Beech Grove	
St. Francis Hospital Mallory Technical Institute, Indianapolis	C. A. Stayton, Jr., MD H. Hoffman, RT
East Chicago	
St. Catherine Hospital Evanston Hospital, Evanston, Illinois	B. D. Braun, MD K. J. Schmidt, RT
Elkhart	
Elkhart General Hospital Indiana University, Blomington	D. B. Parshall, MD W. Tirman, MD, Education Coord. H. V. Konecury, RT
Evansville	
Deaconess Hospital	R. E. Beck, MD W. A. Newhouse, RT
St. Mary's Hospital University of Evansville	R. B. Hovda, MD B. J. Allen, RT
Welborn Memorial Baptist Hospital	E. L. Hendershot, M.D. A. P. Lessure, MD, Education Coord. E. A. Duvall, RT
Fort Wayne	
Lutheran Hospital Indiana University, Bloomington	R. A. Flaherty, M.D. R. D. Walker, RT
Parkview Memorial Hospital Indiana University, Bloomington	R. C. Datzman, MD R. Rankin, RT

St. Joseph's Hospital Indiana University, Bloomington	M. J. Powell, MD S. K. Siebert, RT
Gary	
Methodist Hospital Indiana University, Northwest Campus	K. G. Ambrozaitis, MD Mrs. J. L. Akin, RT
Greenfield	
Hancock County Memorial Hospital	R. A. Silver, MD R. L. Reger, RT
Hammond	
St. Margaret Hospital	C. Rosenthal, MD W. M. Keller, RT, RN
Indianapolis	
Community Hospital Mallory Technical Institute	C. C. Taylor, MD R. R. Heazeltine, RT
Indiana University	C. H. Helman, MD S. Kehrein, RT
Methodist Hospital of Indiana, Inc.	J. F. Dillon, MD V. England, RT
St. Vincent's Hospital Mallory Technical Institute	J. L. Morton, MD B. E. Bruton, RT
Winona Memorial Hospital Methodist Hospital for Pediatrics	S. Capdti, Jr., MD C. C. Summers, RT
Kokomo	
St. Joseph Memorial Hospital Indiana University	M. M. Sekulich, MD
Marion	
Marion General Hospital	W. J. Comeau, Jr., MD P. L. Owens, RT
Michigan City	
Memorial Hospital-St. Anthony Hospital Northwest Regional Instiute	C. R. Plank, MD D. A. Zalac, MD T. E. Harder, RT
Muncie	
Ball Memorial Hospital	D. R. Taylor, MD W. L. Berry, RT
Richmond	
Reid Memorial Hospital	J. C. Spellmeyer, MD P. W. Ballinger, RT
South Bend	
Memorial Hospital Indiana University, Bloomington	W. Tirman, MD R. D. Scott, RT
Terre Haute	
St. Anthony Hospital Indiana State University; St. Francis Hospital, Beech Grove	T. W. Hogan, MD Sr. M. Luke, RT
Valparaiso	
Porter Memorial Hospital	E. Tufekcloglu, MD G. A. Janssen, RT
Vincennes	
Good Samaritan Hospital	M. S. Floyd, MD T. M. Fausnacht, RT ◄

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Outpatient Mental Health Facilities In the State of Indiana: 1971

DANIEL D. STEINER, ACSW
Indiana Department of Mental Health
Indianapolis

Following is a list of outpatient mental health facilities in the state of Indiana, alphabetized by city of location. The reader who might be interested in additional services (family services, pastoral counseling, psychological testing and a more detailed listing of services, staff and application procedure) should consult the Department of Mental Health, 1315 West Tenth St., Indianapolis, Ind. 46202, Division on Mental Illness, Daniel D. Steiner, ACSW, Director, 634-8401 Ext. 285.

Bloomington

Indiana University Psychological Clinic, Psychology Building, 47401. (812) 337-2311.
Eldred F. Hardtke, M.D., Medical Director.

*Mental Health Clinic of Monroe County, 619 West First Street, 47401. (812) 339-1691.
Edward E. Cureton, M.D., Medical Director. James O'Donnell, Business Administrator.

Columbus

*The Consulting Center, Doctors Park, 3100 Central Ave., 47201. (812) 372-7877
George C. Weinland, M.D., Medical Director.

Elkhart

*Oaklawn Psychiatric Center, Inc., 2600 Oakland Ave., 46514. (219) 523-3350.
Otto D. Klassen, M.D., Medical Director. Robert W. Hartzler, Administrator.

Evansville

*Southwestern Indiana Adult Mental Health Center, Inc., 200 Cherry St., 47713. (812) 425-4251.
John P. Longstaff, M.D., Medical Director. Robert M. Spear, Business Administrator.

*Vanderburgh Child Guidance Center, 1 North Barker Ave., 47712. (812) 424-8227.
Lillian Moulton, M.D., Medical Director.

Fort Wayne

*Mental Health Center at Fort Wayne, 227 East Washington Blvd., 46802. (219) 422-4776.
Joseph P. Fiacable, M.D., Director of Adult Division.

Robert L. Greenlee, M.D., Director of Children's Division.

Gary

*Lake County Mental Health Clinic, 4801 West 5th Ave., 46406. (219) 949-9031.
Krystyna Sklenarz, M.D., Medical Director. Mrs. Mary E. Redfox, Business Administrator.

**Northwest Indiana Alcoholism Clinic, 4938 West 5th Ave., 46406. (219) 949-4275.
Carl N. Williams, M.D., Medical Director. Ross Stanton, Administrator.

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* Partially supported by the Indiana Department of Mental Health.

** Completely supported by the Indiana Department of Mental Health.

Indianapolis

Adult Psychiatry Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-7422.
John E. Kooiker, M.D., Medical Director.

**Central State Hospital Clinic—Alcoholism—Bahr Treatment Building, 3000 West Washington St., 46222. (317) 639-5304.
Thomas McConnell, M.D., Unit Chief. Mrs. Lucile Ross, Administrator.

*Child Guidance Clinic of Marion County, Inc., 1949 East 11th St., 46201. (317) 632-5381.
Edward C. Shipley, M.D., Medical Director. Ben L. Glancy, Administrator.

Epilepsy Clinic of The Indiana University Medical Center, First Floor, Riley Hospital, 46202. (317) 639-8179.
Joseph B. Green, M.D., Medical Director.

Episcopal Community Services, Inc., 1537 Central Ave., 46220. (317) 635-2538.
David Phillips, M.D., Medical Director. The Rev. Canon Frank V. H. Carthy, Executive Director.

**Larue D. Carter Memorial Hospital — Outpatient Clinic, 1315 West 10th St., 46202. (317) 634-8401.
Joseph A. FitzGerald, M.D., Director.

Community Mental Health Center, Marion County General Hospital, 960 Locke St., 46202. (317) 630-7621.
William T. Paynter, M.D., Medical Director. Harry G. Harrier, Executive Director.

Pediatric-Neurology Clinic (formerly James Whitcomb Riley Memorial Clinic for Intellectually Handicapped Children), First Floor, Riley Hospital, 46202. (317) 639-8747.
Arthur L. Drew, M.D., Medical Director.

Pediatric Neurology Clinic, Marion County General Hospital, 960 Locke St., 46202. (317) 636-7363.

*Riley Child Guidance Clinic, Indiana University Medical Center, 1100 West Michigan St., 46202. (317) 639-8162.
Nancy Roeske, M.D., Director.

Veteran's Administration Regional Office, Mental Hygiene Clinic, 36 South Pennsylvania St., 46204. (317) 635-7401.
John W. Crawford, M.D., Medical Director. E. U. Robinson, M.D., Assistant Chief.

Jeffersonville

*Southern Indiana Mental Health and Guidance Center, Inc., 207 West 13th Street 47130. (812) 283-4491.
Joseph B. Brill, M.D., Medical Director. John Case, Administrator.

Kokomo

*Guidance Center of Howard County, Inc., 308 West Taylor St., 46901. (317) 452-5667.
John A. Bowman, M.D., Medical Director.

Lafayette

Purdue Psychological Services Center, Education Building, Purdue University, West Lafayette, 47907. (317) 749-2754.
John M. Hadley, Ph.D., Director.

*Tippecanoe County Mental Health Center, Inc., 2900 North River Road, West Lafayette, 47906. (317) 463-2551.
Fae Spurlock, M.D., Acting Medical Director. Margaret Keedy, Administrator.

Lawrenceburg

*Community Mental Health Clinic, Inc., 285 Bielby Rd., Lawrenceburg, 47025. (812) 537-1302.
Franz L. Geerearts, M.D., Medical Director. Mrs. Norma R. Wolf, Administrator.

Logansport

*Guidance Center, Inc., 200 Eel River Ave., 46947. (219) 753-6441.
Heracleo Matheu, M.D., Medical Director. David Barnett, ACSW, Administrator.

Continued

Madison

**Madison State Hospital Outpatient Clinic, Madison, 47250. (812) 265-2611.

Donald B. Rogers, M.D., Medical Director. Ott B. McAtee, M.D., Administrator.

Marion

Grant-Blackford County Mental Health Clinic, 412 South Boots St., 46952. (317) 664-0631.

Larry K. Musselman, M.D., Medical Director. John Brubaker, ACSW, Executive Director.

Michigan City

*LaPorte County Comprehensive Mental Health Council, Inc., 1304 Jefferson Avenue — LaPorte. 627 Pine Street — Michigan City, Indiana 46360. (219) 872-7279.

Alvara Moreira, M.D., Medical Director Eugene Williams, Administrator.

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This booklet has been designed for those physicians whose practice includes amputation. **Limb Prosthetics** gives ready reference for each site of amputation as well as the prostheses recommended for each site.

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We believe that you will find Limb Prosthetics a most useful booklet and a valuable source of quick information. To obtain your copy, please write or phone the Hanger office nearest you.

Hanger PROSTHESES

1332 N. Illinois St., Indianapolis, Indiana 46202
312 E. McMillan St., Cincinnati, Ohio 45219
416 N. Main Street, Evansville, Indiana 47711

Muncie

*Delaware County Child Guidance Clinic, 1711 Riverside, 47303. (317) 288-1928.

John L. Yarling, M.D., Medical Director. Robert A. Stump, ACSW, Administrator.

Richmond

*Camilla B. Dunn Mental Health Clinic, 54 South 15th St., 47374. (317) 962-1523.

Robert W. Schmitt, M.D., Medical Director.

South Bend

*The Mental Health Center of St. Joseph County, Inc., 527 West Colfax Ave., 46601. (219) 233-5123.

Harold G. Nichols, M.D., Medical Director. Bernard Janas, Business Administrator.

Terre Haute

*Katherine Hamilton Mental Health Center 1606 North Seventh Street 47807 (812) 232-0361, ext. 342.

William C. Shriner, M.D., Medical Director. Thomas F. Simma, Administrator.

Valparaiso

Porter County Guidance Clinic, 808 LaPorte Ave., 46383. (219) 462-4105.

Myron E. Berkson, M.D., Medical Director. Mrs. Edith Parsons, Administrator.

Warsaw

*Five County Mental Health Clinic, Inc., 422 South Buffalo St., 46580. (219) 267-7169.

Maria Solymos, M.D., Medical Director. William Kurosky, ACSW, Administrator. ◄

*Approved Hospitals in Indiana**

April 1, 1971

****INDICATES APPROVED MEDICARE HOSPITAL**

ADAMS COUNTY

****Adams County Memorial Hospital.**
804 Mercer Ave., Decatur.
Mr. Edwin H. Kauffman, Adm.
Beds: 72

ALLEN COUNTY

****Irene Byron Hospital.**
12515 Lima Rd., R.R. 13, Fort Wayne
O.T. Kidder, M.D., Supt. & Med. Dir.
Beds: 188

****Parkview Memorial Hospital, Inc.**
2200 Randalia Dr., Fort Wayne.
Mr. Mark Slen, Adm.
Bed: 595

****St. Joseph's Hospital of Fort Wayne, Inc.**
700 Broadway, Fort Wayne.
Sister M. Joann, Adm.
Beds: 414

****The Lutheran Hospital of Fort Wayne.**
3024 Fairfield Ave., Fort Wayne.
Mr. Edgar C. Kruse, Adm.
Beds: 516

BARTHOLOMEW COUNTY

****Bartholomew County Hospital.**
2400 East 17th St., Columbus.
Mr. Robert S. Borczon, Adm.
Beds: 244

BLACKFORD COUNTY

****Blackford County Hospital.**
503 E. Van Cleve St., Hartford City.
Mr. Warren O. Phemister, Adm.
Beds: 54

BOONE COUNTY

****Witham Memorial Hospital.**
1124 N. Lebanon St., Lebanon.
Mr. John H. Luff, Adm.
Beds: 83

CASS COUNTY

****Memorial Hospital.**
1101 Michigan Ave., Logansport.
Mr. Herbert L. Fromm, Adm.
Beds: 135

****St. Joseph Hospital.**
26th and North Sts., Logansport.
Mr. Preston E. Platt, Acting Adm.
Beds: 99

CLARK COUNTY

****Clark County Memorial Hospital.**
210 Sparks Ave., Jeffersonville.
Mr. Frederick J. Zint, Adm.
Beds: 170

CLAY COUNTY

****Clay County Hospital.**
1206 E. National Ave., Brazil.
Mr. William Saunders, Adm.
Beds: 96

CLINTON COUNTY

****Clinton County Hospital.**
1300 S. Jackson St., Frankfort
Mr. William Russell, Adm.
Beds: 83

DAVIESS COUNTY

****Daviess County Hospital.**
1314 Grand Ave., Washington.
Mr. William D. Gibson, Adm.
Beds: 134

DEARBORN COUNTY

****Dearborn County Hospital.**
600 Wilson Creek Rd., Lawrenceburg.
Mr. Homer Conner, Adm.
Beds. 113

DECATUR COUNTY

****Decatur County Memorial Hospital.**
720 N. Lincoln St., Greensburg.
Mr. Bernard Harvey, Adm.
Beds: 84

DEKALB COUNTY

****DeKalb Memorial Hospital, Inc.**
East Seventh St., Auburn.
Mr. R. O. King, Adm.
Beds: 87

****Garrett Community Hospital, Inc.**
220 S. Ijams St., Garrett.
Mr. Eugene M. Secrist, Adm.
Beds: 30

DELAWARE COUNTY

****Ball Memorial Hospital.**
2401 University Ave., Muncie.
Mr. Walter G. Ebert, Adm.
Beds: 620

DUBOIS COUNTY

****Memorial Hospital.**
800 West 9th St., Jasper.
Sister Mary Kevin, Adm.
Beds: 78

****St. Joseph's Hospital.**
Leland Heights, Huntingburg.
Mr. Norman Wright, Adm.
Beds: 87

ELKHART COUNTY

****Elkhart General Hospital.**
600 East Boulevard, Elkhart.
Mr. Emery K. Zimmerman, Adm.
Beds: 295

Continued

* Approved by the Indiana Council for Hospital Licensure and the Indiana State Board of Health.

Continued

**Goshen General Hospital.
200 High Park Avenue, Goshen.
Mr. John H. Shephard, Adm.
Beds: 166

FAYETTE COUNTY

**Fayette Memorial Hospital.
1941 Virginia Ave., Connersville.
Mr. Paul Strube, Adm.
Beds: 112

FLOYD COUNTY

**Memorial Hospital
1850 State St., New Albany.
Mr. William I. Fender, Jr., Adm.
Beds: 260

**Southern Indiana Tuberculosis Hospital.
New Albany.
John M. Paris, M.D., Supt. & Med. Dir.
Beds: 150

FULTON COUNTY

**Woodlawn Hospital.
624 Pontiac St., Rochester.
Mr. Donald J. Logue, Adm.
Beds: 61

GIBSON COUNTY

**Gibson General Hospital.
1808 Sherman Drive, Princeton.
Mr. Herman A. Kohlman, Adm.
Beds: 118

**Wirth Osteopathic Hospital.
Highway 64, West, Oakland City.
Mr. John Adams, Adm.
Beds: 35

GRANT COUNTY

**Marion General Hospital.
Wabash and Euclid, Marion.
Mr. John W. Green, Adm.
Beds: 282

GREENE COUNTY

**Freeman Greene County Hospital.
410 "A" St., N.E., Linton.
Mr. Franklin K. Parker, Adm.
Beds: 66

HAMILTON COUNTY

**Riverview Hospital.
395 Westfield Rd., Noblesville.
Mr. Peter R. Mariani, Adm.
Beds: 133

HANCOCK COUNTY

**Hancock County Memorial Hospital.
800 North State Street, Greenfield.
Mr. C. L. Morris, Adm.
Beds: 83

HARRISON COUNTY

**Harrison County Hospital.
R. R. 4, Box 75, Corydon.
Mr. Norman Penick, Adm.
Beds: 49

HENDRICKS COUNTY

**Hendricks County Hospital.
1000 E. Main St., Danville.
Mr. Harry T. Haver, Jr., Adm.
Beds: 115

HENRY COUNTY

**Henry County Hospital.
1000 N. 16th, New Castle.
Mr. Darryl E. Wahler, Adm.
Beds: 191

HOWARD COUNTY

**Howard Community Hospital.
3500 S. LaFountain St., Kokomo.
Mr. George R. Banjak, Adm.
Beds: 148

**St. Joseph Memorial Hospital.
1907 W. Sycamore St., Kokomo.
Sister M. Martin, Adm.
Beds: 253

HUNTINGTON COUNTY

**Huntington County Hospital.
1215 Etna Ave., Huntington.
Mr. Howard F. Vire, Adm.
Beds: 100

JACKSON COUNTY

**Jackson County Schneck Memorial Hospital.
Bruce and Poplar St., Seymour.
Mr. George H. James, Adm.
Beds: 88

JASPER COUNTY

**Jasper County Hospital.
E. Grace St., Rensselaer.
Mrs. Ruth Schumaker, R.N., Adm.
Beds: 60

JAY COUNTY

**Jay County Hospital.
505 W. Arch St., Portland.
Mr. Warren Phemister, Adm.
Beds: 126

JEFFERSON COUNTY

**The King's Daughters' Hospital.
112 Presbyterian Ave., Madison.
Mr. W. A. McAlexander, Adm.
Beds: 109

JOHNSON COUNTY

Indiana Masonic Home Hospital.
690 State St., Franklin.
Mr. Roy Turner, Jr., Supt.
Mr. Lowell C. Stanley, Adm.
Beds: 197

**Johnson County Memorial Hospital.
P.O. Box 368, Franklin.
Mr. George P. Goshorn, Adm.
Beds: 185

KNOX COUNTY

**Good Samaritan Hospital.
410 S. 7th St., Vincennes.
Mr. Charles Arends, Adm.
Beds: 232

Hillcrest Tuberculosis Hospital.
N. Second St. Rd.,
Vincennes.
J. Frank W. Stewart, M.D., Supt.
Beds: 47

KOSCIUSKO COUNTY

**Murphy Medical Center.
101 W. Winona Ave., Warsaw.
Mr. Robert A. Berryman, Adm.
Beds: 84

LAGRANGE COUNTY

**LaGrange County Hospital.
R.R. 1, LaGrange.
Mr. Wayne E. Gulley, Adm.
Beds: 41

LAKE COUNTY

**James O. Parramore Hospital.
2600 West 93rd Ave., Crown Point.
Norman J. Wilson, M.D., Med. Dir. & Supt.
Beds: 40

**Our Lady of Mercy Hospital.
U. S. Highway 30, Dyer.
Sister M. Frances Xavier, Adm.
Beds: 220

**St. Catherine Hospital of East Chicago.
4321 Fir St., East Chicago.
Sister M. Stephen, Adm.
Beds: 411

**St. Margaret Hospital.
25 Douglas St., Hammond.
Sister M. Doris Hodges, Adm.
Beds: 554

**St. Mary Mercy Hospital of Gary, Inc.
540 Tyler St., Gary.
Paul C. Bellendorf, Adm.
Beds: 290

**The Methodist Hospital of Gary, Inc.
1600 W. 6th Ave., Gary.
Everett A. Johnson, Ph.D., Adm.
Beds: 350

LAPORTE COUNTY

**LaPorte Hospital, Inc.
205 "E" St., LaPorte.
Mr. David D. Kramer, Adm.
Beds: 170

**Memorial Hospital of Michigan City.
5th and Pine Sts., Michigan City.
Mr. Byron N. Whitford, Adm.
Beds: 101

**St. Anthony Hospital.
301 W. Homer St., Michigan City.
Sister M. Verenis, Adm.
Beds: 190

**Walters Hospital, Inc.
3714 S. Franklin St., Michigan City.
Mr. Richard W. Bartnik, Adm.
Beds: 90

LAWRENCE COUNTY

**Dunn Memorial Hospital.
1616 23rd St., Bedford.
Mr. Maurice L. Gray, Adm.
Beds: 97

**Bedford Medical Center — Eugene B Crowe Community Hospital.
2900 West 16th St., Bedford
David D. Karr, Acting Adm.
Beds: 117

MADISON COUNTY

**Community Hospital of Anderson and Madison County.
1515 N. Madison Ave., Anderson.
Mr. Louis H. Furlong, Adm.
Beds: 225

**Mercy Hospital, Inc.
1331 South "A" St., Elwood.
Mr. Edward Topek, Adm.
Beds: 71

**St. John's Hickey Memorial Hospital.
2015 Jackson, Anderson.
Sister Mary Brooks, Adm.
Beds: 330

MARION COUNTY

**Community Hospital of Indianapolis, Inc.
1500 N. Ritter Ave., Indianapolis.
Mr. W. C. McLin, Pres.
Beds: 580

**Indiana University Medical Center Hospitals.
1100 W. Michigan St., Indianapolis.
Mr. Elton T. Ridley, Dir. of Hosps.
Beds: 519

**Marion County General Hospital.
960 Locke St., Indianapolis.
Arvine G. Popplewell, M.D., Dir. of Hosps.
Beds: 741

**Methodist Hospital of Indiana, Inc.
1604 N. Capitol Ave., Indianapolis.
Mr. Jack A. L. Hahn, President.
Mr. Bryan A. Rogers, Adm.
Beds: 1,045

**St. Francis Hospital.
101 N. Seventeenth St., Beech Grove.
Sister M. Sponsaria, Exec. Dir.
Mr. Don D. Hamachek, Adm.
Beds: 306

**St. Vincent Hospital.
120 W. Fall Creek Parkway, Indianapolis.
Sister Carlos McDonnell, Adm.
Beds: 313

**University Heights Hospital, Inc.
3350 Carson Ave., Indianapolis.
Mr. Raymond E. Laughlin, Adm.
Beds: 122

**Winona Memorial Hospital.
3202 N. Meridian St., Indianapolis.
Mr. John R. Gass, Jr., Adm.
Beds: 401

MARSHALL COUNTY

**Community Hospital of German Township, Inc.
411 W. Grant St., Bremen.
Mr. Robert Moat, Adm.
Beds: 18

**Marshall County Parkview Hospital.
1401 N. Michigan St., Plymouth.
Miss Lela Diefenbaugh, R.N., Adm.
Beds: 76

MIAMI COUNTY

**Dukes Memorial Hospital.
275 West 12th St., Peru.
Mr. Robert L. Allman, Adm.
Beds: 80

Continued

APPROVED HOSPITALS

Continued

MONROE COUNTY

****Bloomington Hospital.**
605-625 W. Second St., Bloomington.
Mr. Roland E. Kohr, Adm.
Beds: 218

MONTGOMERY COUNTY

****Montgomery County Culver Union Hospital.**
308 Binford St., Crawfordsville.
Mr. William Stoltz, Adm.
Beds: 146

MORGAN COUNTY

****Kendrick Memorial Hospital, Inc.**
130 N. Indiana St., Mooresville.
William Kendrick, M.D., Adm.
Beds: 28

****Morgan County Memorial Hospital.**
2209 John R. Wooden Dr., Martinsville.
Mr. Ernest Baughman, Adm.
Beds: 92

NEWTON COUNTY

****George Ade Memorial Hospital.**
Brook, Ind.
Mrs. Helen M. Borman, Adm.
Beds: 63

NOBLE COUNTY

****McCray Memorial Hospital.**
South Park Dr., Kendallville.
Mr. Dale D. Cochard, Adm.
Beds: 70

ORANGE COUNTY

****Orange County Hospital.**
Sandy Hook Road, Paoli.
Mr. W. Lavelle Garritson, Adm.
Beds: 66

PERRY COUNTY

****Perry County Memorial Hospital.**
Box H, Tell City
Mr. V. J. Bender, Adm.
Beds: 50

PORTER COUNTY

****Porter Memorial Hospital.**
814 LaPorte Ave., Valparaiso.
Mr. Arthur S. Malasto, Adm.
Beds: 236

PULASKI COUNTY

****Pulaski Memorial Hospital.**
State Road 14, East, Winamac.
Mr. Theodore H. Kittell, Adm.
Beds: 39

PUTNAM COUNTY

****Putnam County Hospital.**
330 Greenwood Ave., Greencastle.
Mr. Frank C. Baker, Adm.
Beds: 79

RANDOLPH COUNTY

****Randolph County Hospital.**
Greenville Ave., Winchester.
Mr. Maurice Hutcherson, Adm.
Beds: 69

****Union City Memorial Hospital Association.**
900 N. Columbia St., Union City.
Mr. Lacy C. Barnett, Adm.
Beds: 50

RIPLEY COUNTY

****Margaret Mary Community Hospital.**
R. R. 3, Batesville.
Mr. Wilbur L. Mauzy, Adm.
Beds: 75

RUSH COUNTY

****Rush Memorial Hospital.**
1300 N. Main St., Rushville.
Mr. Edward Kucinski, Adm.
Beds: 42

ST. JOSEPH COUNTY

****Healthwin Hospital.**
20531 West Darden Road, South Bend.
Mr. Harrison G. Burnie, Adm.
Beds: 127

****Memorial Hospital of South Bend.**
615 N. Michigan St., South Bend.
Mr. Richard W. Trenkner, Adm.
Beds: 370

****St. Joseph Hospital.**
215 W. 4th St., Mishawaka.
Mr. Paul Kaiser, Adm.
Beds: 160

****St. Joseph's Hospital.**
811 E. Madison St., South Bend.
Sister Margo Cain, Adm.
Beds: 344

****South Bend Osteopathic Hospital.**
2515 E. Jefferson Blvd., South Bend.
A. F. Kull, D.O., Adm.
Beds: 105

SCOTT COUNTY

****Scott County Memorial Hospital.**
Highway 31 North, Scottsburg.
Mr. M. Kenneth Mumford, Adm.
Beds: 64

SHELBY COUNTY

****William S. Major Hospital.**
150 W. Washington St., Shelbyville.
Mr. John R. Webb, Adm.
Beds: 95

STARKE COUNTY

****Starke Memorial Hospital.**
102 E. Culver Road, Knox.
Mr. James W. Gordon, Adm.
Beds: 77

STEUBEN COUNTY

**Cameron Memorial Hospitals, Inc.
416 E. Maumee, Angola.
Mr. F. W. Schwerin, Adm.
Beds: 50

**Elmhurst Hospital, Inc.
909 W. Maumee, Angola.
Mr. Ronald D. Showalter, Adm.
Beds: 21

SULLIVAN COUNTY

**Mary Sherman Hospital.
320 N. Section St., Sullivan.
Mr. William H. Sluder, Adm.
Beds: 104

TIPPECANOE COUNTY

**Lafayette Home Hospital, Inc.
2400 E. South St., Lafayette.
Mr. Franklin E. Simek, Adm.
Beds: 248

Purdue University Student Health Center.
Purdue University.
West Lafayette, Ind.
Loyal W. Combs, M.D., Dir.
Beds: 76

**St. Elizabeth Hospital.
1501 Hartford Street, Lafayette.
Mr. Paul E. Hess, Adm.
Beds: 376

TIPTON COUNTY

**Tipton County Memorial Hospital.
1032 South Main Street, Tipton.
Mr. James C. Talley, Adm.
Beds: 71

VANDERBURGH COUNTY

**Deaconess Hospital, Inc.
600-700 Mary St., Evansville.
Mr. David A. Johnson, Adm.
Beds: 522

**St. Mary's Hospital, Inc.
3700 Washington Ave., Evansville.
Sister Juliana Beuerlein, Adm.
Beds: 421

**Welborn Memorial Baptist Hospital, Inc.
412 S.E. 4th St., Evansville.
Mr. Nolan R. Lackey, Pres.
Beds: 348

VERMILLION COUNTY

**Vermillion County Hospital.
801 S. Main St., Clinton.
Mr. Thomas Lester McGehee, Adm.
Beds: 72

VIGO COUNTY

**St. Anthony Hospital.
1021 S. 6th St., Terre Haute.
Sister M. Henrita, Adm.
Beds: 288

**Union Hospital, Inc.
1606 N. 7th St., Terre Haute.
Mr. Joseph B. Mackey, Adm.
Beds: 256

WABASH COUNTY

**Wabash County Hospital.
670 N. East St., Wabash.
Mr. Gerald E. Almond, Adm.
Beds: 129

WARREN COUNTY

**Community Hospital.
412 N. Monroe St., Williamsport.
Mrs. Norma Hillyer, R.N., Act. Adm.
Beds: 35

WASHINGTON COUNTY

**Washington County Memorial Hospital.
911 N. Shelby Street, Salem.
Mr. Ralph W. Keyes, Adm.
Beds: 63

WAYNE COUNTY

**Reid Memorial Hospital.
1401 Chester Blvd., Richmond.
Mr. M. Ray Ferguson, Adm.
Beds: 324

WELLS COUNTY

**Clinic Hospital.
309 S. Main St., Bluffton.
Mr. Ronald M. Adams, Adm.
Beds: 164

**Wells County Hospital.
1100 S. Main St., Bluffton.
Mr. Paul Bender, Adm.
Beds: 75

WHITE COUNTY

**White County Memorial Hospital.
1101 O'Conner Blvd., Monticello.
Mr. Richard J. Reichow, Adm.
Beds: 47

WHITLEY COUNTY

**Whitley County Memorial Hospital.
353 N. Oak St., Columbia City.
Mr. Robert L. McConnell, Adm.
Beds: 84

*Indiana Accredited Practical Nursing Schools**

April, 1971

School or Program		Director, School or Program
Anderson School of Practical Nursing Anderson Public Schools 325 W. 38th St., Anderson	46014	Mrs. Janice T. Adkins, R.N. Director
Indiana Vocational Technical College White River Valley Regional Institute School of Practical Nursing 619 W. First Street, Bloomington		Mrs. Dorothy Wray, R.N. Acting Director
School of Practical Nursing Bartholomew Consol. School Corp 2650 Home Avenue, Columbus	47201	Mrs. Hazel Miranda, R.N. Instructor- Supervisor
Evansville School of Practical Nursing Evansville-Vanderburgh School Corp., 1216 E. Illinois, Evansville	47711	Miss Joyce Stevens, R.N. Director
School of Practical Nursing Fort Wayne Community Schools, 203 E. Douglas, Fort Wayne	46802	George F. Walls, R.N. Director
Purdue Practical Nurse Training Program Purdue Univ., Calumet Campus, Hammond	46323	Miss Esther F. Ramsay, R.N. Director
School of Practical Nursing Indianapolis Public Schools 26 N. Arsenal Street, Indianapolis	46201	Mrs. Marguerite F. Clark, R.N. Director
Kokomo School of Practical Nursing Kokomo-Center Twp. Cons. Sch. Corp., 1104 N. Bell, Kokomo	46901	Mrs. Geraldine Huber, R.N. Director-Coordinator
Indiana Vocational Technical College Tippewa Regional Institute School of Practical Nursing 2316 South St., Lafayette	47904	Mrs. Elizabeth J. Laws, R.N. Act'g. Director
Marion Community School of Practical Nursing Marion Community Schools, 716 W. 26th St., Marion	46952	Mrs. Esther Fritts, R.N. Instructor-Supervisor
Indiana Vocational Technical College Northwest Regional Institute School of Practical Nursing 301 Homer Street, Michigan City	46360	Miss Virginia Melevage, R.N. Director
Muncie School of Practical Nursing Ball Memorial Hospital, Muncie	47303	Mrs. Norma Lewis, R.N. Director
New Albany School of Practical Nursing New Albany-Floyd Co. Cons. Sch. Corp. 4202 Charlestown Rd., New Albany	47150	Mrs. Phyllis Thacker, R.N. Director-Instructor
Richmond School of Practical Nursing Reid Memorial Hospital, Richmond	47374	Mrs. Doris Mettert, R.N. Director
Indiana Vocational Technical College St. Joseph Valley Regional Institute School of Practical Nursing 1534 W. Sample St., South Bend	46619	Miss Dorothy Bupp, R.N. Department Chairman
Vocational School of Practical Nursing Vigo Co. School Corporation 1421 Second Ave., Terre Haute	47807	Miss Betty Beauchamp, R.N. Coordinator
Vincennes University Practical Nurse Program, Vincennes	47591	Mrs. Marjorie R. Miller, R.N. Director-Instructor

* Furnished by INDIANA STATE BOARD OF NURSES' REGISTRATION AND NURSING EDUCATION, 100 North Senate Avenue, Room 1018, Indianapolis, Indiana. 46204

*Ivy Tech Health Occupation Courses**

St. Joseph Valley Regional Institute

1534 West Sample Street
South Bend, Indiana 46619

Offers courses to prepare:

Medical Laboratory Assistants
Licensed Practical Nurses
Operating Room Technicians
Medical Office Assistants
Nurse Aides

Mallory Technical Institute

1315 East Washington Street
Indianapolis, Indiana 46204

Offers courses to prepare:

Medical Laboratory Assistants
Operating Room Technicians
X-Ray Technologists
Medical Assistants

Tippewa Regional Institute

2316 South Street
Lafayette, Indiana 47904

Offers courses to prepare:

Licensed Practical Nurses
Medical Laboratory Assistants
Operating Room Technicians
Inhalation Therapy Technicians

Northwest Regional Institute

Post Office Box 986
East Chicago, Indiana 46312

Offers courses to prepare:

Licensed Practical Nurses
Medical Assistants

Whitewater Regional Institute

Post Office Box 934
358 NW "F" Street
Richmond, Indiana 47374

Offers courses to prepare:

Medical Laboratory Assistants

White River Valley Regional Institute

City Hall — Second Floor
439 Fifth Street
Columbus, Indiana 47201

Offers courses to prepare:

Licensed Practical Nurses

* Furnished by the Indiana Vocational Technical College, 333 N. Pennsylvania St., Indianapolis 46204.

INDIANA STATE BOARD OF HEALTH

MONTHLY REPORT—April 1971

Disease	Apr. 1971	Mar. 1971	Feb. 1971	Apr. 1970	Apr. 1969
Animal Bites	1291	580	435	787	937
Chickenpox	605	668	592	459	737
Conjunctivitis	215	167	163	153	128
Diphtheria	0	0	0	0	0
Dysentery, Unspecified	33	18	43	0	81
Gonorrhea	559	470	494	658	541
Impetigo	81	125	84	85	90
Infectious Hepatitis	59	54	55	49	53
Infectious Mononucleosis	99	125	77	71	85
Influenza	2033	2896	1686	1244	6135
Measles					
Rubeola	704	429	37	54	108
Rubella	315	228	224	442	667
Meningococcic Meningitis	4	1	4	2	7
Meningitis, Other	8	1	7	5	11
Mumps	1123	1146	691	341	461
Pertussis (Whooping Cough)	14	14	19	4	0
Pneumonia	445	592	518	390	241
Poliomyelitis	0	0	0	0	0
Streptococcal Infections	1016	1258	993	861	1109
Syphilis					
Primary & Secondary	31	22	26	40	22
All Other Syphilis	126	90	141	108	123
Tinea Capitis	2	6	6	5	18
Tuberculosis (Active)	68	43	77	112	85

Licensed Nursing Homes In Indiana

May, 1971

****INDICATES FEDERALLY APPROVED EXTENDED CARE FACILITY**

ADAMS COUNTY

Adams County Home
Route 6, Decatur 46733
Leo and Betty Feasel, Adms.

Berne Nursing Home
906 W. Main St., Berne 46711
Pauline Hostetler, L.P.N., Adm.

Cooper Rest Home
111 North Third St.,
Decatur 46733
Myron L. Bradburn, Adm.

Lakeview Home
1145 Mercer Ave.,
Decatur 46733
Susan S. Cox, Adm.

Swiss Village, Inc.
Berne 46711
Merlin K. Sprunger, Adm.

ALLEN COUNTY

Allen County Nursing Home
12101 Lima Rd., R. R. 13,
Ft. Wayne 46808
Thomas A. Katsanis, Adm.

Crow's Haven Nursing Home
2440 Bowser Ave.,
Fort Wayne 46803
Lyle B. Crow and Jeanne E. Crow, Adms.

Glenacres, Inc.
3420 E. State St.,
Fort Wayne 46805
Casto Ball, Adm.

Lawton Nursing Home, Inc.
1649 Spy Run Ave.,
Fort Wayne 46805
Walter C. Buuck, L.P.N., Adm.

Lutheran Homes, Inc.
6701 S. Anthony Blvd., Ft. Wayne 46806
Leonard Mattson, Adm.

National Nursing Home of Fort Wayne
2402 N. Beacon,
Fort Wayne 46805
Donna J. Morris, R.N., Adm.

****Parnell Park Nursing Home**
3811 Parnell Ave.,
Ft. Wayne 46805
Margaret Walls, R.N., Adm.

Saint Anne Home
1900 Randalia Dr., Ft. Wayne 46805
John Martin, Adm.

The Towne House
2209 St. Joe Center Rd., Ft. Wayne 46805
Roger N. Litzenberger, Adm.

Towne House Health Center
5544 E. State Blvd., Fort Wayne 46805
Roger N. Litzenberger, Adm.

****Turtle Creek Convalescent Centre of Fort Wayne, Inc.**
2001 Hobson Rd., Fort Wayne 46805
George Monk, Adm.

Twin Maples Sanatarium
734 W. Washington Blvd., Fort Wayne 46804
Laszlo and Elizabeth Szegedy, Adms.

BARTHOLOMEW COUNTY

Bartholomew County Home
2525 Illinois, Columbus 47201
Mildred Drake, Adm.

****Extendicare/Columbus**
2100 Midway St.,
Columbus 47201
Betty Feeney, Adm.

Ken-Joy Convalescent Home
Maple Street, Hope 47246
Betty Miller, Adm.

Luther Nursing Home
837 Fourth St., Columbus 47201
Mary Luther, Adm.

Powell's Nursing Home
R. R. 4, Columbus 47201
Betty Powell, Adm.

Shady Nook Rest Home
R. R. 8, Columbus 47201
Louanna Niemoeller, Adm.

The Four Seasons Home
1901 Taylor Rd., Columbus 47201
John Allbritten, Adm.

BENTON COUNTY

Benton County Home
R. R. 1, Oxford 47971
Frank Flynn, Adm.

Earl Park Nursing Home
400 Chestnut, Earl Park 47942
Evelyn Taylor, Adm.

Mary's Nursing Home
Maple & Elm, Earl Park 47942
Mary Belange, Adm.

BLACKFORD COUNTY

Green Acres Blackford County Home
R. R. 1, Hartford City 47348
Luzetta Elliott, Adm.

Willow Hall
715 N. Mill St.,
Hartford City 47348
Ralph and Martha Waldo, Adms.

BOONE COUNTY

English Nursing Home
1015 N. Lebanon, Lebanon 46052
Frank H. English, Adm.

Hoosier Village
5300 W. 96th St., Indianapolis 46268
Charles R. Kendrich, Adm.

National Nursing Home of Lebanon
301 W. Essex, Lebanon 46052
Carolyn K. Wheat, R.N., Adm.

Oak Park Manor
R. R. #2, Lebanon 46052
Robert E. and Margaret E. Hine, Adms.

CARROLL COUNTY

Brethren's Home of Indiana, Inc.
R. R. 2, Flora 46929
Donna Moeller, R.N., Adm.

Carroll County Home
R. R. 4, Delphi 46923
Eugene Burkhalter, Adm.

CASS COUNTY

Cass County Home
Perrysburg Rd., Logansport 46947
Mr. and Mrs. LeRoy Frey, Adms.

****Chase Manor Nursing and Convalescent Center**
1 Chase Park, Logansport 46947
Charles J. Harmon, Adm.

The Neal Home
2518 George St., Logansport 46947
Mrs. Donald Lutes, Adm.

CLARK COUNTY

****Extendicare/Clarksville, Inc.**
517 N. Hallmark Dr., Clarksville 47130
Donald E. West, Adm.

****Hillcrest Nursing Home, Inc.**
203 Sparks Ave., Jeffersonville 47130
Lucien F. Keller, Adm.

Kentuckiana Christian Home, Inc.
Route 2, Box 39, Charlestown 47111
Rev. Julian O. Hunt, Adm.

The Ladies Home, Inc.
330 W. Market St., Jeffersonville 47130
Marie Cundiff, Adm.

National Nursing Home of Jeffersonville
1720 E. 8th St., Jeffersonville 47130
David M. Ragland, Adm.

O'Brien Rest Home
318 W. Market St., Jeffersonville 47130
Mary A. O'Brien, Adm.

Twilight Nursing Home
418 Riverside Dr., Jeffersonville 47130
Delilah Jean Goodwin, Adm.

CLAY COUNTY

MaCanell Nursing Home
R. R. 2, Box 139, Center Point 47840
Hugh W. McCann, Adm.

****Medicenter/Brazil**
1408 E. Hendrix St., Brazil 47834
Madge F. Scobell, Adm.

Stinson Nursing Home, Inc.
601 S. Leavitt St., Brazil 47834
Inez Stinson, Adm.

Wilson Nursing Home
R. R. 5, Brazil 47834
Juanita Mayle, L.P.N., Adm.

CLINTON COUNTY

Assembly Nursing Home
551 E. Walnut St., Frankfort 46041
Virginia L. Snavely, Adm.

Clinton County Home
R. R. 2, Frankfort 46041
Everett Brock, Adm.

Mulberry Lutheran Home, Inc.
State Route 38, W. Jackson St., Mulberry 46058
Gerald G. North, Adm.

National Nursing Home of Frankfort
1234 Rossville Ave., Frankfort 46041
Rita A. McDonald, R.N., Adm.

Wesley Manor, Northwest Indiana Methodist Home, Inc.
1555 N. Main St., Frankfort 46041
Rev. Carlyle L. Mason, Adm.

DAVIESS COUNTY

Colvin Nursing Home
1109 National Highway, Washington 47501
Walter and Irene Wolske, Adms.

Meyers Nursing Home
215 W. Oak St., Washington 47501
Rosetta Meyers, Adm.

****Prairie Village, Inc.**
1401 Highway 57, South, Washington 47501
Georgia Atwood, Adm.

Washington Nursing Center, Inc.
603 E. National Highway, Washington 47501
Charles R. Gabhart, Adm.

DEARBORN COUNTY

Dillsboro Manor
Box 66, Dillsboro 47018
Mr. and Mrs. Dellas M. Ross, Adms.

Shady Nook Convalescent Home
607 Wilson Creek Rd., Lawrenceburg 47025
Wilbur McMullen, Adm.

****Terrace View ECF**
403 Bielby Rd., Lawrenceburg 47025
Elsie Dreyer, Adm.

DECATUR COUNTY

Laverne Nursing Home
Westport 47283
Peggy L. V. Waltermire, L.P.N., Adm.

Michigan Hill Nursing Home
320 S. Michigan Ave., Greensburg 47240
Barbara J. Mouser, Adm.

Odd Fellows Home
R. R. 8, Greensburg 47240
Charles R. Carter, Adm.

Slone Nursing Home
R. R. 4, Greensburg 47240
Marie Slone, Adm.

DEKALB COUNTY

Betz Nursing Home
R. R. 3, Auburn 46706
Doris M. Betz, L.P.N., Adm.

Butler Hotel Rest Home, Inc.
117 S. Broadway St., Butler 46721
Harriett V. Angus, R.N., Adm.

****Glen Oaks, Inc.**
State Rd. #8, East, Auburn 46706
Kathryn E. Larrance, R.N., Adm.

Sheehy Nursing Homes, Inc.
402 N. Broadway St., Butler 46721
Flo Sheehy, Adm.

Sheehy's Retirement Home
406 N. Broadway, Butler 46721
Flo Sheehy, Adm.

Southview Nursing Home
131 W. Depot St., Butler 46721
Eugene L. Harrold, Adm.

DELAWARE COUNTY

Delaware County Home
R. R. 5, Box 157, Muncie 47302
Helen V. Stewart, Adm.

Dunkirk Nursing and Convalescent Home
R. R. 2, St. Rd. 67, So., Dunkirk 47336
Raymond E. and M. June LeFevre, Adms.

Eads Nursing Home
R. R. 7, Muncie 47305
Epsy W. Eads, Adm.

Faulkner Rest Home
633 Gavin St., Muncie 47302
Edgar Faulkner, Adm.

Maple Grove Convalescent Home
1347 East Jackson St., Muncie 47305
Pearl B. Harty, Adm.

Morgan-Nickols Convalescent Home
727 Wheeling Ave., Muncie 47303
Peggy K. Polk, Adm.

Continued

NURSING HOMES

Continued

Morgan-Nickols Residential Club
175 Kilgore, Muncie 47305
Peggy K. Polk, Adm.

****Parkview Nursing Home**
2200 White River Blvd., Muncie 47303
Constance Nickols. Adm.

Riverview Convalescent Home
R. R. 2, Burlington Dr., Muncie 47302
Larry Harty, Adm.

Shady Haven Rest Home
R. R. 9, Bethel Pike, Muncie 47302
Jessie Starks, L.P.N., Adm.

Sylvester Home for the Aged
R. R. 5, Burlington Dr., Muncie 47302
Mantha J. Sylvester, Adm.

****Woodland Nursing Home**
3600 W. Jackson St., Muncie 47304
Hazel Wilson, R.N., Adm.

DUBOIS COUNTY

Hubster's Boarding Home
1008 Van Buren, Huntingburg 47542
Lillian Hubster, Adm.

Jasper Nursing Center, Inc.
R.R. 2, Jasper 47546
John L. Wehrle, Adm.

Northwood Good Samaritan Center
P. O. Box 459, Jasper 47546
Myles Tyler, Adm.

Providence Home
W. Ninth Street, Jasper 47546
Rev. Philip Ottavi, Adm.

ELKHART COUNTY

****Americana Nursing Center of Elkhart**
343 S. Nappanee St., Elkhart 46514
Jean T. Robinson, Adm.

Andresen Nursing Home
302 S. Sixth St., Goshen 46526
Charles Andresen, Adm.

Elkhart Nursing and Convalescent Home, Inc.
2600 Moorehouse, Elkhart 46514
Sandra Kay Phillips, Adm.

****Fountainview Place**
1001 W. Hively Ave., Elkhart 46514
Lawrence H. Garatoni, Adm.

Lu-Ann Nursing Home
952 W. Walnut St., Nappanee 46550
John L. Mellinger and Wayne R. Dunham, Adms.

Maple Shade Convalescent Home
527 S. Main St., Goshen 46526
Kathryn I. Metzger, Adm.

Nicholson Convalescent Home
2400 Elkhart Rd., Goshen 46526
George and Gracia Nicholson, R.N., Adms.

Peterson Nursing Home
302 E. Lincoln Ave., Goshen 46526
Wilbur H. and Florence J. Mowry, R.N., Adms.

Rest Haven Home
803 Wolf Ave., Elkhart 46514
Sally L. Caffrey, Adm.

Simpson Nursing Home
114 S. 6th St., Goshen 46526
Richard A. Simpson, Adm.

Treva's Nursing Home
1005 S. Third St., Elkhart 46514
Treva M. Criss, Adm.

****Turtle Creek Convalescent Centre of Elkhart**
1400 W. Franklin St., Elkhart 46514
Larry LaPrairie, Adm.

FAYETTE COUNTY

Connersville Care Center
2500 Iowa St., Connersville 47331
Mary M. Harvey, Adm.

Lincoln Manor Nursing Home
903 Lincoln Ave., Connersville 47331
Chester O'Neal, Jr., Adm.

National Nursing Home of Connersville
2600 N. Grand Ave., Connersville 47331
Dorothy Schlotterbeck, R.N., Adm.

FLOYD COUNTY

****Green Valley Convalescent Center**
3018 Green Valley Rd., New Albany 47150
Peter Graves, Adm.

Providence Retirement Home
703 E. Spring St., New Albany 47150
Sister Mary Loyola Bender, Adm.

FOUNTAIN COUNTY

Alward Nursing Home
605 Summit St., Attica 47918
Leston and Imogene B. Alward, R.N., Adms.

Tall Trees Nursing and Convalescent Home
303 Second St., Covington 47932
William and Kathryn Button, Adms.

FRANKLIN COUNTY

Echo Hill Nursing Home
R. R. 2, Laurel 47024
Myrtle Jackson, Adm.

Elsie Dreyer Nursing Home
273 Main St., Brookville 47012
Charlotte LeGere, Adm.

FULTON COUNTY

Canterbury Manor
R. R. 6, County Road 50 North, Rochester 46975
Helen Miller, Adm.

Miller Nursing Home
719 Madison St., Rochester 46975
Helen Miller, Adm.

National Nursing Home of Rochester
240 E. 18th St., Rochester 46975
Carole G. Paulik, R.N., Adm.

Rochester Nursing Home
1118 Main St., Rochester 46975
Gerald L. Eastburg, Adm.

GIBSON COUNTY

Forest Del Convalesent Home
1020 W. Vine St., Princeton 47570
Kenneth Maikranz, Adm.

Good Samaritan Home Inc.
210 N. Gibson St., Oakland City 47560
Hovey Hedges, Adm.

****Holiday Manor, Inc.**
305 Carol Ave., Princeton 47570
Floyd Jewell, Adm.

Oakland City Rest Home
114 Grove St., Oakland City 47560
Sarah J. Bernardi, Adm.

Owensville Convalescent Center
Highway 65, Owensville 47565
Ruth A. Braselton, Adm.

GRANT COUNTY

Calbert's Rose of Sharon, Inc.
204 N. Washington St., Marion 46952
Geneva Rosenberg, Adm.

Ellen Hill Home, Inc.
710 W. Third St., Marion 46952
Larry D. McKee, Adm.

Emily E. Flinn Home, Inc.
615 W. 12th St., Marion 46952
Rev. George L. Florence, Adm.

Friendly Home of the Convalescent, Inc.
P.O. Box 153, Fowlerton 46930
Ralph C. DeGolyer, Adm.

Friendship Heights Rest Home
704 S. Main St., Fairmount 46928
Addie M. Bryant, L.P.N., Adm.

Golden Age Nursing Home
1800 Kem Rd., Marion 46952
Bernie Winkle, Adm.

****River-View Manor Convalescent and Rehabilitation Center, Inc.**
221 N. Washington, Marion 46952
Ronald Brown, Adm.

****Wesleyan Nursing Home**
518 W. 36th St., Marion 46952
Carl T. Speaks, Adm.

GREENE COUNTY

Bloomfield Nursing Center
150 N. Seminary St., Bloomfield 47424
Norman Nierste, Adm.

Glenburn Rest Haven
Glenburn Rd., R. R. 1, Linton 47441
Nola D. Yoder, L.P.N., Adm.

HAMILTON COUNTY

Arcadia Rest Home
508 S. East St., Arcadia 46030
Joseph and Vivian Wilson, Adms.

Lakeview Guest Home
R. R. 1, Box 15, Carmel 46032
Seth and Sara Wells, L.P.N., Adms.

Maple Park Health Manor
R. R. 1, Westfield 46074
Pat Langley, R.N., Adm.

National Nursing Home of Noblesville
1791 Greenfield Pike, Noblesville 46060
Myrna Conant, R.N., Adm.

Rollins Home for Retarded Children
69 N. Harrison St., Cicero 46034
Betty Lawson, Adm.

Sheridan Rest Home, Inc.
903 Sheridan Ave., Sheridan 46069
Robert and Eileen Higgins, L.P.N., Adms.

****Turtle Creek Convalescent Centre-Noblesville**
295 Westfield Rd., Noblesville 46060
Kathleen Kelly, R.N., Adm.

Walston Home for Retarded Children
N. Peru St., Cicero 46034
Martha Walston, L.P.N., Adm.

HANCOCK COUNTY

****Colonial Crest Convalescent Center, Inc.**
745 N. Swope St., Greenfield 46140
Thomas Paxson, Adm.

Golden Rule Rest Home
R. R. 12, Box 403, Indianapolis 46236
Bernard H. Beck, Adm.

Model A Nursing Home
R. R. 5, Greenfield 46140
Lavon Beeson, Adm.

Park Riley Nursing Home
1310 E. Main St., Greenfield 46140
Irene C. Williams, R.N., Adm.

****Twinbrook, Inc.**
R. R. 7, Box 13, Greenfield 46140
Kenneth R. Smith, Adm.

Wood Nursing Home
14 N. Wood St., Greenfield 46140
Hazel E. Wood, L.P.N., Adm.

HENDRICKS COUNTY

****Extendicare/Danville, Inc.**
255 Meadow Drive, Danville 46122
William G. Hope, Adm.

Golden Rule Nursing Home
St. Rd. 36 East, Danville 46122
Robert and Ethel Petree, Adms.

Hendricks County Home
865 E. Main, Danville 46122
Edna O. Anderson, Adm.

National Nursing Home of Danville
337 W. Lincoln St., Danville 46122
Elizabeth Whetsell, R.N., Adm.

Vinewood Nursing Home
404 North Vine St., Plainfield 46168
David Weaver, Adm.

HENRY COUNTY

"The Boxwoods" Nursing Home
115 N. 10th St., New Castle 47362
Lula M. Haynes, L.P.N., Adm.

Henry County Home
N. Memorial Dr., New Castle 47362
Walter Gaddis, Adm.

****Heritage House, Inc., of New Castle, Ind.**
1023 N. 20th St., New Castle 47362
Jim J. Walts, Adm.

Lewisville Hotel for Senior Citizens
U. S. 40, Lewisville 47352
Sarah Jones, Adm.

Middletown Nursing Home
130 S. 10th St., Middletown 47356
Robert I. Clevenger, Adm.

National Nursing Home of New Castle
901 N. 16th St., New Castle 47362
Margaret Joyce Kidd, R.N., Adm.

New Hope Nursing Home
Lewisville 47352
Robert W. and Charlotte Baird, Adms.

HOWARD COUNTY

****Americana Nursing Center of Kokomo**
3524 S. Lafountain St., Kokomo 46901
John Huber, Adm.

Harrell's Boarding House
708 N. Main St., Kokomo 46901
June Harrell, Adm.

Lucy Cole Nursing Home
332 W. Markland, Kokomo 46901
Lucy Cole, L.P.N., Adm.

National Nursing Home of Kokomo
1560 S. Plate St., Kokomo 46901
Mary N. Taylor, Adm.

Continued

**Windsor Estates of Kokomo
429 Lincoln Rd. W., Kokomo 46901
Alice Fox, R.N., Adm.

HUNTINGTON COUNTY

**Friendly Nursing Home, Inc.
1500 Grant St., Huntington 46750
Thomas H. Kramer, Adm.

Huntington County Home
R. R. 5, Huntington 46750
Ben Thompson, Adm.

Methodist Memorial Home for the Aged, Inc.
Warren 46792
Philip Souder, Adm.

Roanoke Nursing Home, Inc.
743 N. Main Street, Roanoke 46783
Norman L. Savage, Adm.

Town & County Nursing Home
R. R. 8, Huntington 46750
Donald E. Barna, Adm.

JACKSON COUNTY

**Jackson Park Convalescent Center, Inc.
707 Jackson Park Dr., Seymour 47274
Richard C. Schriever, Adm.

Kaley's Nursing Home
202 W. Sixth St., Seymour 47274
James E. Kaley, Adm.

**Lutheran Community Home
Box 462, 111 W. Church Ave., Seymour 47274
Gary T. Hermanson, Adm.

JASPER COUNTY

Jasper County Home
R. R. 3, Rensselaer 47978
Fred Hall, Adm.

Remington Rest Home
Illinois and Minnesota Sts., Remington 47977
Birdella N. Sullivan, Adm.

Rensselaer Care Center
Highway 114 East, Rensselaer 47978
Larry Lee Vanderwielen, Adm.

JAY COUNTY

Parkwood Convalescent Home
High and Park Sts., Portland 47371
Pearl B. Harty, Adm.

Portland Nursing Home
406 W. Arch St., Portland 47371
Mary Ellen Hearn, Adm.

JEFFERSON COUNTY

**Hanover Nursing Center
S. R. 56 W., Hanover 47243
Ann Breitenbach, R.N., Adm.

Mayfield Nursing Home
402-410 Elm St., Madison 47250
George and Charlotte Mayfield, Adms.

Mayfield's Retirement & Rest Home
618 E. Second St., Madison 47250
James and Rosalyn Mayfield, Adms.

JENNINGS COUNTY

Johnson's Convalescent Home
113 E. Jackson, North Vernon 47265
Carrel Johnson, Adm.

JOHNSON COUNTY

Faith Home
P. O. Box 218, Edinburg 46124
Raymond C. Brown, Adm.

Franklin United Methodist Home
1070 W. Jefferson, Franklin 46131
Rev. John M. Fall, Adm.

Greenwood Hilltop Nursing Home
R. R. 2, Fry Rd., Greenwood 46142
Violet VanSickle, Adm.

Indiana Masonic Home
Old State Road 31
Franklin 46131
Roy O. Turner, Adm.

Janie's Nursing Home
651 S. State St., Franklin 46131
Rosemary Stewart, R.N., Adm.

Johnson County Home
R. R. 1-B, Franklin 46131
Albert Bundy, Adm.

National Nursing Home of Franklin
1130 N. Main St., Franklin 46131
Sandra B. Cobb, R.N., Adm.

The Welcome Nursing Home
1109 N. Main St., Franklin 46131
Miriam Snyder, Adm.

**Westminster Village
U.S. 31 South, Greenwood 46142
Rev. William L. Williams, Adm.

KNOX COUNTY

**Beverly Manor Convalescent Center
1321 Willow St., Vincennes 47591
Margie Morris, Adm.

**Crestview Home
Box 136, Old Bruceville Rd., Vincennes 47591
Gerald W. Thornberry, Adm.

Freelandville Community Home, Inc.
Freelandville 47535
Lorena Walters, R.N., Adm.

Moore's Nursing Home, Inc.
204 W. Third St., Bicknell 47512
Ernest P. and Barbara J. Moore, Adms.

**Vincennes Nursing Home, Inc.
1202 S. 16th St., Vincennes 47591
Joe Junod Sr. and Fern Junod, Adms.

KOSCIUSKO COUNTY

**Alfran Nursing Home
2501 E. Center St., Warsaw 46580
Frank N. Wilson, Adm.

**Miller's Merry Manor
P.O. Box 387, County Farm Rd., Warsaw 46580
Wallace T. and Enid L. Miller, R.N., Adms.

National Nursing Home of Warsaw
2402 E. Center St., Warsaw 46580
Dorothy J. Pachynjki, R.N., Adm.

Orn Nursing Home
North Main St., Milford 46542
Mrs. Dale Stump, Adm.

Pierceton Nursing Home
Indiana and Main Sts., Pierceton 46562
Elson Wilson, L.P.N., Adm.

Prairie View Rest Home, Inc.
300 Prairie St., Warsaw 46580
James and Charlene Bradbury, Adms.

LAGRANGE COUNTY

LaGrange Community Nursing Home
R. R. 1, LaGrange 46761
Walter Seemann, Adm.

**Miller's Merry Manor, Inc.
State Road 9 North, LaGrange 46761
Wallace T. Miller, Jr. and Phyllis Ann Miller, Adms.

National Nursing Home of LaGrange
Town Line Rd. and North St., LaGrange 46761
Mary E. McCormick, R.N., Adm.

LAKE COUNTY

Colonial House, Inc.
119 N. Indiana Ave., Crown Point 46307
Marjorie Baker, Adm.

East Side Family Services, Inc.
1948 Massachusetts St., Gary 46400
Tomye Calloway, L.P.N., Adm.

Fuchs' Nursing Home, Inc.
255 Burnham St., Lowell 46356
Barbara H. and Phyllis Fuchs, Adms.

Gary Convalescent Home, Inc.
386 Mount St., Gary 46406
Joseph Shapiro, M.D., Adm.

Great Oaks Nursing and Convalescent Home
R. R. 1, Box 30, Cedar Lake 46303
Daniel R. T. Davis, Adm.

Green's Geriatric Health Center
2052 Delaware St., Gary 46407
Benjamin J. Green, Adm.

Green's Home
3960 Massachusetts St., Gary 46409
Leonard D. and Lena J. Odum, Adms.

Jayne Bryant Nursing Home
P. O. Box 166, Crown Point 46307
Ellen Jayne Bryant, Adm.

Lake County Convalescent Home
2900 W. 93rd Ave., Crown Point 46307
Joseph J. Kish, Adm.

Miller Nursing Home
2301 Adams St., Gary 46407
Ida Miller Walker, Adm.

Mills Rest Home
5011 Maryland St., Gary 46409
John P. and Audrey Mills, Adms.

**Ross Care Center
601 W. 61st Ave., Gary 46408
Reginald E. Brown, Adm.

St. Ann's Home
5927 Columbia Ave., Hammond 46320
Arthur W. March, Adm.

St. Anthony's Rest Home
201 Franciscan Rd., Crown Point 46307
Sister Mary Mildred, Adm.

Simmons Loving Care Health Facility
700 E. 21st Ave., Gary 46407
Anna L. Simmons, Adm.

West End Nursing Home, Inc.
1501 Wheeler St., Gary 46406
Henderson D. Hall, Adm.

West Side Nursing Home
829 W. Third Ave., Gary 46402
Sheldon Primack, Adm.

Wildwood Manor, Inc.
1964 Clark Rd., Gary 46404
George Walker, Adm.

Willowdale Convalescent Home
10406 Jennings Pl., Crown Point 46307
Nettie DuSold, Adm.

Woodmar Nursing Home
6727 Baring Ave., Hammond 46324
Geraldine Wiseley, Adm.

LAPORTE COUNTY

**Anderson Sanitarium, Inc.
1702 I St., LaPorte 46350
S. H. Perkins, Adm.

Beach Cliff Lodge Nursing Home
1001 Lake Shore Dr., Michigan City 46360
Theodore Moss, Adm.

Lakeside Convalescent-Nursing Home, Inc.
802 Highway 20, East, Michigan City 46360
Hugh D. Richardson, Adm.

Private Care Home
602 Spring St., Michigan City 46360
Roger J. Schofield, Adm.

**Red Oaks Home
910 S. Carroll Ave., Michigan City 46360
Betty Anderson, R.N., Adm.

Stites Home, Inc.
R.R. 6, Box 142, LaPorte 46350
J. McClellan Hertle, Adm.

Waterford Nursing Home
R. R. 3, Box 319, Michigan City 46360
Thomas L. and Mary E. Poffenberger, Adms.

LAWRENCE COUNTY

Blackburn Rest Home
519 H St., Bedford 47421
Stella J. Blackburn, Adm.

**Extendicare/Bedford
3121 W. 16th St., Bedford 47421
Thomas J. Duffy, Adm.

**Hospitality House
2122 Norton Lane, Bedford 47421
Maribelle S. Dyer, Adm.

National Nursing Home of Bedford
514 E. 16th St., Bedford 47421
Mabel E. Ray, L.P.N., and Avahnelle C. Parham, L.P.N., Adms.

MADISON COUNTY

**Americana Nursing Center of Anderson
1345 N. Madison Ave., Anderson 46011
A. Wayne Johnson, Adm.

Bradford Nursing Home
625 W. Adams St., Alexandria 46001
Alma Bradford, Adm.

**Convalescent Centre of Anderson, Inc.
1809 N. Madison Ave., Anderson 46012
George Nichols, Adm.

Cook Rest Home
424 Ruddle Ave., Anderson 46012
Harold H. McDonald, Adm.

Dickey Nursing Home
220 N. Ninth Street, Elwood 46036
Louise Dickey, L.P.N., Adm.

**Dickey Nursing Home, Inc.
1007 N. 9th, Elwood 46036
Rev. Max Bingham, Adm.

Goble Home
332 W. 11th St., Anderson 46016
Oran and Olive Goble, Adms.

Lilly House
416 W. 12th St., Anderson 46016
Mary Ellen Bell, Adm.

New Haven Nursing Home
1023 E. Eighth St., Anderson 46012
Josephine Wade, L.P.N., Adm.

Continued

NURSING HOMES
Continued

****Rolling Hills Convalescent Center, Inc.**
1821 Lindburg Rd., Anderson 46012
Larry Jones, Adm.

The Willows
R. R. 2, Box 514C, Alexandria 46001
Marian E. Webb, L.P.N., Adm.

MARION COUNTY

Ada's Golden Age, Inc.
2115 Central Ave., Indianapolis 46202
Keith F. Seal, Adm.

Alpha Home for Aged
1840 Senate Ave., Indianapolis 46202
Mrs. W. Lincoln Murphy, Adm.

Altenheim of Indianapolis
2007 N. Capitol Ave., Indianapolis 46202
Joseph Blankenbeker, Adm.

****Americana Nursing Center of Indianapolis, East**
5600 E. 16th St., Indianapolis 46218
Gerald McGowan, Adm.

****Americana Nursing Center of Indianapolis, Midtown**
2012 N. Capitol Ave., Indianapolis 46202
Archer Cogil, Adm.

Anthony Hall Nursing Home
2135 N. Alabama St., Indianapolis 46204
Alida VanBiezen, Adm.

The Barton House
505 N. Delaware, Indianapolis 46204
Thelma L. Davila, R.N., Adm.

Bel-Terrace Nursing Home
1629-33 N. College Ave., Indianapolis 46202
Stephen J. Snyder, Adm.

Booker-Watts Annex Nursing Home
1445 Broadway, Indianapolis 46202
Geneva Watts, Adm.

Booker-Watts Nursing Home
2523 Central, Indianapolis 46205
Geneva Watts, Adm.

Chateau de Repos, Inc.
5025 W. 52nd St., Indianapolis 46254
Doris E. Stuart, L.P.N., Adm.

****Colonial Crest Nursing Center, Inc.**
7145 E. 21st St., Indianapolis 46219
Mark Hasten, Adm.

Community "Emerson" Nursing Home, Inc.
3420 N. Emerson Ave., Indianapolis 46218
Shirley Ann Brock, L.P.N., Adm.

Community Nursing Home
4743 Southeastern, Indianapolis 46203
Lucile Toll, L.P.N., Adm.

Community South Meridian Nursing Home
2102 S. Meridian St., Indianapolis 46225
Arlene Highberger, R.N., Adm.

Community West 38th St. Nursing Home
5435 W. 38th St., Indianapolis 46224
Ruth Abraham, R.N., Adm.

Conner Nursing Home
1408 N. Pennsylvania St., Indianapolis 46202
Lucy V. Conner, Adm.

****Continental Convalescent Center**
344 S. Ritter, Indianapolis 46219
Norman T. Gulley, Adm.

Crestview Manor Nursing Home
1118 East 46th St., Indianapolis 46205
Alberta Nickler, R.N., Adm.

Del Mar Nursing Home, Inc.
709 Lynhurst Dr., Indianapolis 46224
Helen J. Harbison, Adm.

Evangelistic Center, Inc.
3518 Shelby St., Indianapolis 46227
Roger T. Qualls, Adm.

Frame Nursing Home
373 N. Holmes Ave., Indianapolis 46222
M. Samantha Frame, Adm.

Garfield Park Nursing Home
2605 Shelby Street, Indianapolis 46203
Wanda L. Dixon, Adm.

Garfield Park Nursing Home #2
2620 S. Keystone Ave., Indianapolis 46203
Thelma B. Vandervort, L.P.N., Adm.

****Greenview Manor, Inc.**
1700 N. Illinois St., Indianapolis 46202

Heritage Nursing Home
8935 E. 46th St., Indianapolis 46226
Mary Jane Nicewander, R.N., Adm.

Hillside Nursing Home
3405 N. Ralston, Indianapolis 46218
Bennie Mason, Adm.

****Hooverwood**
7001 Hoover Rd., Indianapolis 46260
Lazer D. Brener, Adm.

Independent Living Club
6038 W. 25th St., Indianapolis 46224
Robert Roland, Adm.

Indianapolis Home for the Aged, Inc.
1731 N. Capitol Ave., Indianapolis 46202
Angela Rady, Adm.

****Lakeview Manor, Inc.**
125 Beachway Dr., Indianapolis 46224
Rev. Paul Ade, Adm.

Lynhurst Nursing Home, Inc.
5225 W. Morris St., Indianapolis 46241
James E. Hill, Sr., and Ethel L. M. Eldridge, Adms.

Mabel S. Waddle Private Nursing Home
2112 N. Delaware, Indianapolis 46202
Alida VanBiezen, Adm.

****Marion County Home**
11850 Brookville Rd., Indianapolis 46239
Robert F. Oldham, Adm.

Mayfair Home
3240-42 Washington Blvd., Indianapolis 46205
Mr. and Mrs. John Leech, Adms.

McKenzie Convalescent Home
2926 N. Capitol Ave., Indianapolis 46208
James McKenzie, Adm.

**Northwest Manor Nursing Home
6440 West 34th St., Indianapolis 46224
Joseph Henderson, Adm.

Parkview Manor Nursing Home
2424 E. 46th St., Indianapolis 46205
Albert Harris, Jr., Adm.

Payne and Miller Rest Home
1335 Nordyke Ave., Indianapolis 46221
Opal Payne, Adm.

Pleasant View Rest Home
5000 Southeastern Ave., Indianapolis 46203
C. O. Rader, Adm.

St. Augustine Home for the Aged
2345 W. 86th St., Indianapolis 46260
Sister Angele, Mother Superior, Adm.

St. Paul Baptist Church Home for the Aged
1141-45 N. Sheffield Ave., Indianapolis 46222
Rev. C. J. Dailey, Adm.

St. Paul Hermitage
501 N. 17th St., Beech Grove 46107
Sister Rosemary Braun, O.S.B., Adm.

Sarah's Nursing Home
3208 N. Sherman Dr., Indianapolis 46218
Sarah Hill and Dorothy Morrison, Adms.

Springer Health Facility
6566 W. Washington St., Indianapolis 46241
Robert and Leona Kenworthy, Adms.

Three Sisters Nursing Home
6130 Michigan Rd., Indianapolis 46208
Mamie Beamon, Adm.

**Turtle Creek Convalescent Centre—East
1302 N. Lesley Ave., Indianapolis 46219
Gary A. Hofmeister, Adm.

Turtle Creek Convalescent Center —South
525 E. Thompson Rd., Indianapolis 46227
William K. Senteney, Adm.

**Turtle Creek Convalescent Centre Southeast, Inc.
2002 Albany Ave., Beech Grove 46107
J. L. Huffer, Adm.

Weber Convalescent Home
43 S. Ritter Ave., Indianapolis 46219
C. O. Rader, Adm.

MARSHALL COUNTY

Fairview Nursing Home
Route 4, Plymouth 46563
Thomas Beam, Adm.

**Miller's Merry Manor, Inc.
600 W. Oakhill Ave., Plymouth 46563
V. Richard Miller, Adm.

Myers Nursing Home
R. R. 3, Box 159, Bremen 46506
Pearl Myers, L.P.N., Adm.

National Nursing Home of Plymouth
309 Kingston Dr., Plymouth 46563
Nancy Byfield, R.N., Adm.

**Pilgrim Manor Rehabilitation and Convalescent Center
222 Parkview St., Plymouth 46563
G. Dean Byers, Adm.

Plymouth Nursing Home
1029 W. Jefferson St., Plymouth 46563
Marie Nier, R.N., Adm.

R.N. Nursing Home
R. R. 1, Walkerton 46574
Laura M. Hathaway, R.N., Adm.

Shady Rest Home (Marshall Co. Home)
R. R. 5, Plymouth 46563
Kenneth E. Farney, Adm.

T.L.C. Nursing Home
145 S. Michigan, Argos 46501
Mildred E. Bennett, R.N., Adm.

MARTIN COUNTY

Valley View Rest Home
R. R. 4, Loogootee 47553
Homer E. Robertson and Lillian Frye, Adms.

MIAMI COUNTY

**Friendly Nursing Home, Inc.
317 Blair Pike, Peru 46970
Joe C. Waters, Adm.

Miami County Home
R. R. 5, Peru 46970
John D. Cole, Adm.

The Miami Home
77 E. Third St., Peru 46970
H. Lucille McDaniel, Adm.

National Nursing Home of Peru
390 West Blvd., Peru 46970
Loretta Topper, Adm.

Sherwood House Nursing Home, Inc.
906 W. Main St., Peru 46970
Leona M. Watts, Adm.

MONROE COUNTY

Arbutus Rest Home
R. R. 2, Box 46, Bloomington 47403
Hazel Hall, Adm.

**Hospitality House, Inc.
1100 S. Curry Pike, Bloomington 47401
Fred J. Ponton, Adm.

National Nursing Home of Bloomington
120 E. Miller Dr., Bloomington 47401
Janet Lee Goodley, R.N., Adm.

MONTGOMERY COUNTY

Ben Hur Home
1375 S. Grant, Crawfordsville 47933
Esther Houston, Adm.

Carmen Nursing Home
817 N. Whitlock Ave., Crawfordsville 47933
Cline Harbison, Adm.

Golden Manor Nursing Home
1001 E. Main St., Ladoga 47954
James R. and Opal I. Gephart, Adms.

Hazel Small Rest Home
N. Vine St., Waynetown 47990
Sarah Small, Adm.

Lane House, Inc.
1000 Lane Ave., Crawfordsville 47933
Richard A. Bowles, L.P.N., and Myra A. Bowles, Adms.

MORGAN COUNTY

Cherry Nursing Home
60 E. Harrison St., Martinsville 46151
Zepha Cherry, Adm.

Henderson Nursing Home
140 W. Washington St., Morgantown 46160
Joe and Marguerite Henderson, Adms.

Continued

NURSING HOMES
Continued

Kennedy Memorial Christian Home
210 W. Pike St., Martinsville 46151
W. Dean Mason, Adm.

Morgan County Home
190 S. Main St., Martinsville 46151
Earl B. Fletcher, Adm.

Pleasant Hills Nursing Home
E. Columbus St., Martinsville 46151
Merrill St. John, Adm.

NEWTON COUNTY

Kentland Kare Home
102 E. Carroll St., Kentland 47591
B. F. and Helen M. Borman, R.N., Adms.

NOBLE COUNTY

Kneipp Springs
Rome City 46784
Sister Mary Josina, Adm.

Linville Boarding Home
518 E. Diamond, Kendallville 46755
Weltha Linville, Adm.

Luckey Memorial Nursing Home
Highways #33 & #109, Wolflake 46796
Joan L. Roth, R.N., Adm.

Lutheran Homes, Inc.
612 E. Mitchell, Kendallville 46755
Leonard Mattson, Adm.

National Nursing Home of Kendallville
1433 S. Main St., Kendallville 46755
Florence I. Deems, R.N., Adm.

Sacred Heart Home
R. R. 2, Avilla 46710
Sister M. Theodora Wessel, R.Ph., Adm.

OHIO COUNTY

Rising Sun Nursing Home
Rio Vista Ave., Rising Sun 47040
Howard Goodman, Adm.

ORANGE COUNTY

Gorge Nursing Home, Inc.
R. R. 2, French Lick 47432
Gertrude Haynes, R.N., and Mrs. Gene Haneline, Adms.

National Nursing Home of Paoli
111 W. Hospital View Rd., Paoli 47454
Kay L. Barker, R.N., Adm.

OWEN COUNTY

Donna Nursing Home #2
R. R. 2, Spencer 47460
Norman S. Tirsway, Adm.

Gosport Nursing Home, Inc.
South Seventh St., Gosport 47433
Leland S. Lynch, Adm.

Owen County Home
R. R. 3, Spencer 47460
Ruthie Gray, Adm.

PARKE COUNTY

Castle Shannon Nursing Home
P.O. Box 99, Rockville 47872
Lois McGrannahan, R.N., Adm.

Parke County Nursing Home
R. R. #2, Rockville 47872
Margaret, Gerald and Dale Ball, Adms.

PERRY COUNTY

****Lincoln Hills Nursing Home, Inc.**
19th and Pestalozzi, Tell City 47586
C. Bayless Conley, Adm.

PIKE COUNTY

****Holiday Home**
Pike Ave., Petersburg 47567
Kenneth I. Dunigan, Adm.

PORTER COUNTY

Beverly Shores Nursing Home, Inc.
Beverly Shores 46301
John W. Bragg, Adm.

Whispering Pines Home for Senior Citizens
N. Calumet Rd., Valparaiso 46383
Rev. James E. Fidler, Adm.

POSEY COUNTY

Allison Nursing Home
Locust St., Poseyville 47633
Lula Allison, Adm.

The Charles Ford Memorial Home
920 S. Main St., New Harmony 47631
Kathryn Bauer, Adm.

Merimac Nursing Home
P.O. Box 275, Cynthiana 47612
Robert E. Trattner, Adm.

Valley Rest Home
1415 Country Club Rd., Mount Vernon 47620
Donna Rose, L.P.N., Adm.

PUTNAM COUNTY

Asbury Towers
102 W. Poplar St., Greencastle 46135
Rev. Otis L. Collier, Adm.

Donna Nursing Home
Main St., Cloverdale 46120
Norman S. Tirsway, Adm.

Eventide Nursing Home
1306 S. Bloomington St., Greencastle 46135
Mary Jane Gierke, Adm.

Putnam County Home
R. R. 3, Greencastle 46135
George H. Gentry, Adm.

Ruark Nursing Home
R. R. 1, Fillmore 46128
Elsie C. Ruark, Adm.

Sunset Manor Nursing Home
1109 S. Indiana St., Greencastle 46135
Jack L. Cross, Adm.

RANDOLPH COUNTY

Parrott's Home
304 W. Sherman St., Lynn 47355
Willis R. and Mary Maxine Parrott, Adms.

Randolph Nursing Home, Inc.
701 S. Oak St., Winchester 47394
Everett Rickert, Adm.

RIPLEY COUNTY

Davis Nursing Home
S. Main St., Sunman 47041
Eugene Davis, Adm.

Gilland Nursing Home
310 Cravens St., Osgood 47037
Mildred Gilland, Adm.

Health and Hospitality Center
Carr St., Milan 47031
Jon W. Kohlmeier, Adm.

Manderley Nursing Home
546 Wilson St., Osgood 47037
Charles F. Negangard, Adm.

Manderley Nursing Home #2
120 E. Ripley St., Osgood 47037
Charles F. Negangard, Adm.

Schwing Nursing Home
R. R. 1, Sunman 47041
Donald J. Schwing, Adm.

Silver Bell Nursing Home
Highway 421, South, Versailles 47042
Walter Bradley, Jr., Adm.

RUSH COUNTY

Gorman's Rest Home
Railroad St., Milroy 46156
Thomas and Elizabeth Gorman, Adms.

Hillside Haven
424 North Perkins St., Rushville 46173
Mary Todd, R.N., Adm.

Holiday House
114 E. Fifth St., Rushville 46173
Inez Austerman, Adm.

****Jackson Nursing Home**
612 E. 11th St., Rushville 46173
Marjorie Pearsey, L.P.N., Adm.

Rowland's Nursing Home
230 E. Seventh St., Rushville 46173
Willard Rowland, L.P.N., and Nora Lee Rowland, Adms.

ST. JOSEPH COUNTY

Cardinal Manor
118 S. William St., South Bend 46601
Sandy Duncan, Adm.

****Cardinal Nursing Home, Inc.**
1121 E. LaSalle South Bend 46601
Thomas E. Squibb, Adm.

****Carlyle Nursing Home**
5024 N. Western Ave., South Bend 46625
Frances Gargano, Adm.

Cedar Crest Manor
109 N. Cedar, Mishawaka 46544
Rosemary Mueller, Adm.

Dodge Home for Old People
318 E. Third St., Mishawaka 46544
Eileen McMillan, Adm.

Dor-A-Lin, Inc.
1024 N. Notre Dame Ave., South Bend 46617
Edward L. Finkenbinder, Adm.

Dujarie House
1801 Michigan St., Notre Dame 46556
Brother Frederick P. Raehsler, R.N., Adm.

Farris Lombardy Home
141 S. Lombardy Dr., South Bend 46619
Samuel M. and Helen H. Farris, Adms.

Farris Nursing Home #2
1044 Lincolnway West, South Bend 46616
Samuel M. and Helen H. Farris, Adms.

****Golden Age Manor Corporation**
811 East 12th St., Mishawaka 46544
Gloria McCullough, Adm.

Haven Hubbard Memorial Home
New Carlisle 46552
Mearl L. Dustin, Adm.

Melrose Manor
601 S. Russell St., Mishawaka 46544
Eunice Turner, L.P.N., Adm.

Morningside Nursing Home, Inc.
18325 Bailey Ave., South Bend 46637
Pauline Locks, R.N., Adm.

****Ridgedale Nursing Home**
1950 E. Ridgedale Rd., South Bend 46614
Anna Slusher, Adm.

River Park Nursing Home #1
2706 Wall St., South Bend 46615
Rosemary Mueller, Adm.

River Park Nursing Home #2
915 27th St., South Bend 46615
Nancy Green, Adm.

St. Joseph County Home
53308 Portage Rd., South Bend 46628
Joseph W. Snyder, Adm.

Walkerton Nursing Home
500 Roosevelt Road, Walkerton 46574
Ruth DeSimone, Adm.

Wilton Rest Home
25419 St. Rt. 2, South Bend 46619
William Grzywinski, Adm.

SCOTT COUNTY

Roe-Seal Memorial Home
Englishton Park, Lexington 47138
Russell R. Byers, Adm.

Shalom Convalescent and Nursing Home
Highway 31 South, Scottsburg 47170
William and Virginia Lippert, R.N., Adms.

SHELBY COUNTY

Ace Placid Home
R. R. 1, Fairland 46126
Dewey F. Murphy, Adm.

Conover Rest Home
Box 311, Morristown 46161
Charles Conover, Adm.

****The Heritage House Convalescent Center**
2309 S. Miller St., Shelbyville 46176
Robert Norman, Adm.

Waldron Nursing Home
Box 95, Waldron 46182
Kathleen L. Kuhn, Adm.

SPENCER COUNTY

Golden Circle Nursing Center
Highway 68 West, Dale 47523
Jane Thomason, Adm.

Professional Care Nursing Home
Dale 47523
Emma Lou Woolard, Adm.

Rockport Nursing Center, Inc.
815 Washington St., Rockport 47635
Donald R. Thomason, Adm.

STARKE COUNTY

Knox Nursing Home
302-306 Culver St., Knox 46534
Kenneth Crowel, Adm.

Little Company of Mary Health Facility, Inc.
Route 421, San Pierre 46374
Sister Margaret Mary Doherty, R.N., Adm.

STEUBEN COUNTY

National Nursing Home of Angola
600 N. Williams St., Angola 46703
Marcile R. Foster, R.N., Adm.

Steuben County Rest Home
R. R. 3, Angola 46703
Marshall Coler, Adm.

SULLIVAN COUNTY

Sullivan County Home
R. R. 5, Sullivan 47882
Mr. and Mrs. Kenneth Engle, Adms.

Sullivan Nursing Home
W. Wolfe St., Sullivan 47882
O. R. and Mary J. Blubaugh, Adms.

SWITZERLAND COUNTY

Jackson's Senior Citizens Home
501 West Pike St., Vevay 47043
Harry B. and Peggy Jackson, Adms.

TIPPECANOE COUNTY

****Americana Nursing Center of Lafayette**
2201 Cason St., Lafayette 47901
Richard Linson, Adm.

Continued

NURSING HOMES

Comfort, Inc.
312 N. Eighth St., Lafayette 47901
Allen C. Campbell, Adm.

Indiana Knights of Pythias Home
1501 South 18th Street, Lafayette 47905
Ray C. Haley, Adm.

Lafayette Care, Inc.
3400 Soldiers Home Rd., W. Lafayette 47906
J. Wilborn Garrison and Marjorie Marquess, Adms.

Laura M. Bowles Convalescent Home
147 Ford St., Clarks Hill 47930
Laura M. Bowles, L.P.N., and Laura L. Peterson, Adms.

Lesley Nursing Home
Buck Creek 47924
Rosina Lesley, Adm.

National Nursing Home of Lafayette
1123 E. South St., Lafayette 47901
Mrs. Garnet Zimmer, R.N., Adm.

Tippecanoe County Home
R. R. 1, W. Lafayette 47906
Charles and Dorothy Haan, Adms.

****Turtle Creek Convalescent Center of Lafayette**
1903 Union St., Lafayette 47901
Harold Trump, Adm.

TIPTON COUNTY

The Higgins Home
R. R. 1, St. Rd. 19, Tipton 46072
Robert D. and Eileen G. Higgins, L.P.N., Adms.

Holtsclaw Nursing Home
119 W. Washington St., Tipton 46072
Margaret Holtsclaw, Adm.

Tipton County Home
R. R. 1, Tipton 46072
Lester Dodd, Adm.

UNION COUNTY

Park Manor Nursing Home, Inc.
409 E. Union St., Liberty 47353
H. Elaine Stubbs, R.N., Adm.

VANDERBURGH COUNTY

Agnes Hawes Boarding Home for the Aged
408 N. Third Ave., Evansville 47710
Agnes Hawes, Adm.

Bethany Rest Home
316 N. Wabash Ave., Evansville 47712
Louise Poole, Adm.

****Bethel Sanitarium, Inc.**
6015 Kratzville Rd., Evansville 47710
Louise Kuiken, R.N., Adm.

Bethel Sanitarium, Inc., Annex
5825 Kuiken Dr., Evansville 47710
Louise Kuiken, R.N., Adm.

Braun's Nursing Home
909 First Ave., Evansville 47710
Roy L. and Ruth H. Braun, L.P.N., Adms.

****The Cardinal Care Center**
2819 North St. Joseph Ave., Evansville 47712
Keith B. Phillipps, Adm.

Christian Manor
923 S. Elliott St., Evansville 47710
Rev. Francis P. Smith, Adm.

****Dellaren Extended Care Center**
816 North First Ave., Evansville 47710
Dorothy A. Arendell, Adm.

Evansville Protestant Home for the Aged
3701 Washington Ave., Evansville 47715
Helen E. Kinkle, Adm.

****Gertha's Nursing Home**
605 Oakley St., Evansville 47710
Richard Gossman, Sr., Adm.

Good Samaritan Home, Inc.
601 N. Boeke, Evansville 47711
N. R. Allsmiller, Adm.

****Holiday Home**
1201 W. Buena Vista Rd., Evansville 47710
Larry E. Dunigan, Adm.

M & R Nursing Home
1100 N. Read St., Evansville 47710
Mrs. Muriel Sprinkle, L.P.N., Adm.

McCurdy Residential Center
101 S.E. First St., Evansville 47713
Richard Lambert, Adm.

Pine Haven Nursing Home
3401 Stocker Dr., Evansville 47712
Anita M. Stocker, R.N., Adm.

Quality Care Home
807 S.E. Third St., Evansville 47713
David T. Dennis, Adm.

Rathbone Memorial Home for Aged and Infirm Persons
1320 S. E. Second St., Evansville 47713
Nolan R. Lackey, Adm.

****Regina Pacis Home**
3900 Washington Ave., Evansville 47715
Sister Juliana Beuerlein, Adm.

St. John and St. Gertrude Home for the Aged
1236 Lincoln Ave., Evansville 47714
Sister Marie Caroline, Adm.

****Turtle Creek Convalescent Center of Evansville**
4301 Washington Ave., Evansville 47715
John Hesse, Adm.

Vanderburgh County Home
700 Senate Ave., Evansville 47711
Jack Harness, Adm.

VERMILLION COUNTY

The Ivy Haven Home
232 Ash St., Clinton 47842
Lena M. Gruelich, Adm.

Layman Nursing Home
432 S. Fifth St., Clinton 47842
Mildred Layman, Adm.

VIGO COUNTY

Allendale Nursing Home
1912 Woodsmall Rd., Terre Haute 47802
Lucille McCoskey, L.P.N., Adm.

Brandon Residence for Elderly People
220 N. Fourth St., Terre Haute 47807
Margaret L. Cates, Adm.

Clara Fairbanks Home for Aged Women, Inc.
721 Eighth Ave., Terre Haute 47804
Mary Frances Black, Adm.

Ewing Nursing Home
504 S. 15th St., Terre Haute 47807
Mary C. Ewing, R.N., Adm.

Ledgerwood Home
43 S. 20th St., Terre Haute 47803
Norma Jean Ledgerwood, Adm.

****Meadows Manor**
3300 Poplar St., Terre Haute 47803
Guy Belzile, B.A., R.P.T., Adm.

Sarah Dowling Home
1016 N. Sixth St., Terre Haute 47807
Daisy Clark, Adm.

Vigo County Home
3500 Maple Ave., Terre Haute 47804
Carl Koile, Adm.

Wallace Nursing Center
120 W. Margaret Ave., Terre Haute 47802
Evelyn Wallace, Adm.

Webster's Rest Home
513-15 North 14th St., Terre Haute 47807
Rachel Webster, Adm.

WABASH COUNTY

The Estelle Peabody Memorial Home
Seventh and Buffalo, North Manchester 46962
William Visser, Adm.

Friendly Nursing Home, Inc.
1420 Quaker Ave., Wabash 46992
Donald F. Kopis, Adm.

Meriweather Convalescent Home
1720 Alber St., Wabash 46992
Miss Kathryn Duffey, R.N., Adm.

Pleasant View Nursing Home
R. R. 2, Wabash 46992
Mary K. Warner, R.N., and Daniel H. Miller, Adms.

****The Stratford House**
1035 Manchester Ave., Wabash 46992
Robert F. Woods, Adm.

Timbercrest-Church of the Brethren Home
East St., North Manchester 46962
Orville Sherman, Adm.

Vernon Manor for Children
1955 S. Vernon, Wabash 46992
Charlotte Miller, R.N., Adm.

WARREN COUNTY

Davis Boarding Home
R. R. #2, Covington 47932
John W. Davis, Adm.

Warren County Home
R. R. 1, Williamsport 47993
Ellsworth Beaman, Adm.

WARRICK COUNTY

Baker's Rest Haven
305 E. North St., Boonville 47601
Viola Baker Phillips, Adm.

****Monticello Manor**
S.E. Second St., Boonville 47601
Melvin H. White, Adm.

****Shady Rest Nursing Home**
R. R. 2, Chandler 47610
Arthur Ebbott, Adm.

WASHINGTON COUNTY

****Williams Convalescent Center, Inc.**
Homer and Anson Sts., Salem 47167
Wayne H. Williams, and Kathleen Williams, L.P.N., Adms.

WAYNE COUNTY

Echo Trail Nursing Home
Box 174, Centerville 47330
Grace A. Hunt, Adm.

****Friends Fellowship Community, Inc.**
2030 Chester Blvd., Richmond 47374
James J. Boomgard, Jr., Adm.

Friendship Home
306 S. 10th St., Richmond 47374
Grace Flatley, Adm.

Glen Aire Nursing Home
2116 E. Main St., Richmond 47374
Eileen Singleton, L.P.N., Adm.

****Heritage House of Richmond, Inc.**
2070 Chester Blvd., Richmond 47374
Sam M. Simmons, Adm.

Jenkins Hall
N. 10th St., Richmond 47374
M. Raymond Ferguson, Adm.

Mary E. Hill Nursing Home, Inc.
2308 Zoar Ave., Richmond 47374
Howard W. Alexander, Adm.

National Nursing Home of Richmond
2302 N. Chester Blvd., Richmond 47374
Alma L. Suhre, Adm.

Owens Convalescent Home
1811 S. Ninth St., Richmond 47374
Bonnie Owens, Adm.

Pinehurst Nursing Home
R. R. 1, Centerville 47330
Bonnie Esta Cole, Adm.

Twin Pines Nursing Home
Main St., Economy 47339
Elizabeth Johnson, Adm.

WELLS COUNTY

****Cooper Rest Homes, Inc.**
1509 Fort Wayne Rd., Bluffton 46714
John Cooper, Adm.

Davis National Nursing Home
1001 S. Clark Ave., Bluffton 46714
I. Helen Jackson, Adm.

Meadowvale Skilled Care Center
1529 W. Lancaster St., Bluffton 46714
Bernie Winkle and Donald Cheesman, Adms.

WHITE COUNTY

Archibald Memorial Home for Aged Deaf
R. R. 2, Brookston 47923
Joseph S. Miller, Adm.

Lake Manor Nursing Home
R. R. 6, Monticello 47960
Rodney Coble, Adm.

WHITLEY COUNTY

Mary Farris Nursing Home
215 E. VanBuren, Columbia City 46725
Mary Farris, Adm.

Meadowbrook Manor
R. R. 1, Columbia City 46725
Waneta Crace, Adm.

Miller's Merry Manor, Inc.
710 W. Ellsworth St., Columbia City 46725
Wallace T. Miller, Jr., Adm.

National Nursing Home of Columbia City
522 N. Line St., Columbia City 46725
Louise Daily, R.N., Adm.

Poison Control Centers in Indiana

and Adjacent States

***** ATTENTION: Physicians, Hospitals and Poison Control Centers.**

Since July 1, 1965, Marion County General Hospital, Indianapolis, Indiana, has been the principal INFORMATION CENTER for the State of Indiana replacing that service provided by the Indiana State Board of Health. If you need help in determining the toxic ingredients in a "trade name product" or have a problem involving treatment of a poisoning case, please call MARION COUNTY GENERAL HOSPITAL, INDIANAPOLIS, INDIANA — 639-6671.

City	Name and Address	Telephone	Director
Anderson	St. John's Hickey Memorial Hospital 127 West 19th Street	643-3391, Ext. 82 or 35	William L. Stephens
Angola	Cameron Memorial Hospital, Inc. 416 E. Maumee	665-2141	Irene Kenyon, R.N.
Bedford	Dunn Memorial Hospital 1616 23rd Street	BRowning 5-3331, Ext. 32	Marshall S. Wallner
East Chicago	St. Catherine Hospital 4321 Fir Street	EXport 7-3080	Jack M. Troy, M.D.
Elkhart	Elkhart General Hospital 600 East Boulevard	JAckson 3-5350, Ext. 224	C. Richard Yoder, M.D.
Evansville	Protestant Deaconess Hospital 600 Mary Street	HArrison 4-8011, Ext. 247	Edward J. Wolfgang
Evansville	St. Mary's Hospital, Inc. 3700 Washington Avenue	GReenleaf 7-1541, Ext. 328	Kenneth Wilhelmus, M.D.
Evansville	Welborn Memorial Baptist Hospital, Inc. 412 S. E. Fourth Street	HArrison 3-3103 Ext. 336, 337	Charles L. Warner, M.D.
Fort Wayne	Parkview Memorial Hospital 2200 Randalia Drive	743-7341, Ext. 530	William O. Wissman
Fort Wayne	St. Joseph Hospital 730 West Berry Street	ANthony 4121, Ext. 2663	Miss Angeline Holbrook, R.N.
Frankfort	Clinton County Hospital 1300 S. Jackson Street	654-4451	Fred W. Flora, M.D.
Gary	Methodist Hospital of Gary, Inc. 1600 West 6th Avenue	882-9461, Ext. 709	Glen T. Dresher, R. N.

City	Name and Address	Telephone	Director
Goshen	Goshen General Hospital 200 High Park Avenue	KEystone 3-2141 (Emergency Room)	Willard S. Krabill, M.D.
Hammond	St. Margaret Hospital 25 Douglas Street	WEstmore 2-2300, Ext. 700	Herbert I. Arbeiter, M.D.
Indianapolis	*Marion County General Hospital 960 Locke Street	639-6671	John D. Miller, M.D.
Indianapolis	Methodist Hospital of Indiana, Inc. 1604 North Capitol Ave.	WAlnut 4-6411, Ext. 752, 753 or 754	Maxine Bush, R.N.
Indianapolis	St. Francis Hospital North 17th Avenue Beech Grove, Indiana	STate 7-3311	H. N. Grimes, M.D.
Kokomo	Howard Community Hospital 3500 S. Lafountain	GL 7-6611, Ext. 233, 234	Don E. Gillaspy
Lafayette	St. Elizabeth Hospital 1501 Hartford Street	SH 2-0221, Ext. 313 or 317	Sister M. Josita
West Lafayette	Purdue University Student Health Center	92-2446 Ext. 54	Loyal W. Combs, M.D.
LaGrange	LaGrange County Hospital R. R. #1	463-2144	Merle V. Rawson
Lebanon	Witham Memorial Hospital 1124 N. Lebanon Street	LEbanon 143 or 2447, Ext. 44	Thomas Dillon, D.O.
Madison	The King's Daughters' Hospital 112 Presbyterian Ave.	265-5211	Verlie Blanc, R.N.
Marion	Marion General Hospital Wabash and Euclid Avenue	NOrth 4-1228, Ext. 44	R. W. Schroeder, M.D.
Mishawaka	St. Joseph Hospital 215 West 4th Street	BLackburn 9-1431	Abner H. Levkoff, M.D.
Muncie	Ball Memorial Hospital 2401 University Avenue	284-3371, Ext. 241	Junia L. Rice, R.N.
Portland	Jay County Memorial Hospital 505 West Arch Street	726-7131, Ext. 67	Forrest E. Keeling, M.D.
Richmond	Reid Memorial Hospital Spring Grove	25481, Ext. 222	Mrs. Jessie Snyder, R.N.
Shelbyville	William S. Major Hospital 150 W. Washington Street	EX 8-6661	Carolyn Rosenfeld, R.N.

* Poison Information and Treatment Center.

City	Name and Address	Telephone	Director
South Bend	Memorial Hospital of South Bend Poison Control Center 615 North Michigan Street	234-9041, Ext. 258	William B. Frey, M.D.
South Bend	St. Joseph Hospital 811 East Madison Street	CEntral 4-2151	Leslie M. Bodnar, M.D.
Terre Haute	Union Hospital, Inc. 1606 N. Seventh Street	CRawford 0361, Ext. 229	Joseph P. Gillotte, M.D.
Tipton	Tipton County Memorial Hospital 1032 S. Main Street	OSburn 5-7411	George L. Compton, M.D.

ADJACENT STATES

ILLINOIS

City	Name and Address	Telephone	Director
Chicago	Poison Control Center Presbyterian—St. Luke's Hospital 1753 W. Congress Pkwy.	SEeley 8-4411, Ext. 2322	Joseph Christian, M.D.

KENTUCKY

Louisville	Poison Control Center Department of Pediatrics 323 E. Chestnut St.	JUniper 2-1831	Thomas A. Courtenay, M.D.

MISSOURI

St. Louis	Poison Control Center Cardinal Glennon Memorial Hospital for Children 1465 S. Grand Ave.	MOhawk 4-7222, Ext. 216	Vincent J. LoPiccolo, M.D.
St. Louis	Poison Control Center St. Louis Children's Hospital 500 S. Kingshighway	FOrest 7-6880	J. Neal Middlekamp, M.D.

OHIO

Cincinnati	*Poison Control Center Cincinnati Academy of Medicine 320 Broadway	721-2345	John A. Williams, M.D.
Columbus	Poison Control Center Children's Hospital 17th St. at Livingston Park	CLearbrook 8-9783	Phillip Ambuel, M.D.

* Informational services only

Packaged Disaster Hospitals—Storage Locations

The 40 packaged disaster hospitals in Indiana were placed in their various locations by the U. S. Public Health Service in cooperation with the State Board of Health and the Indiana Department of Civil Defense.

In most cases they are affiliated with a local hospital and the decision to activate the packaged disaster hospital would be made by the medical staff at the hospital in cooperation with other hospitals in the area.

Originally designed for use following a nuclear disaster which would result in a large percentage of existing hospitals being untenantable for a period, the packaged disaster hospitals would not be feasible for use in small, local disasters. However, under certain circumstances, the decision might be made to use the expendable components in existing facilities.

Location	*Hospital No.
Bloomington Geology Building Indiana University	57558
Culver Culver Military Academy Health Center Building	57301
Decatur City Garage Park & Third Streets	62273
Donaldson Convent Ancilla Domini Main Building	62348
Fort Wayne U. S. Court House & Post Office 1300 S. Harrison Street	62434
Frankfort Frankfort Jr. H. S. (Stone Building) East Walnut Street	57300
Gary Relocation of Government & Civil Defense Training Center 2702 West 35th Street	62345
Henryville Clark State Forest Maintenance Building	56007, 56008
Huntington Huntington Water Filtration Plant Engel Street	62446
Kendallville Civil Defense Building 200 Block, West Vine St.	57556
Kokomo Howard County Civil Defense 627 S. Berkley Road	55247
Lebanon Boone County Jail 210 N. Meridian St.	57550

* First two digits of Hospital No. refer to Year Model. Last three digits constitute Serial Number. Eleven digit number indicates a new, "10,000 Series" unit.

Location	Hospital No.
Logansport Logansport State Hospital "R" and "S" Building	57548, 57549
Lynn City Library Building North Main St.	57322
Madison Madison State Hospital Men's Industrial Building	57547, 62445
Marion Upper Barn, Building 69 V.A. Hospital 38th & Lincoln Blvd.	62438
Michigan City Naval Armory	62423
Monticello Lakeview Home Rural Route 6	57308
Mt. Vernon Posey County Home R. R. 4, Box 211	55248
Muncie Noyer Residence Hall Ball State University	62271
Nappanee Community Building	62274
New Albany Old Administration Bldg. of Broadmead Project, Housing Authority of City of New Albany 207 Graybrook Lane	62352
New Castle New Castle State Hospital P. O. Box 34	57551
Peru Court House	55373
Pleasant Lake Pleasant Lake School State Road 727	57557
Portland City Water Works South Wayne Street	62347

Location	Hospital No.
Shelbyville U. S. Post Office East Broadway	9999-010-0384
South Bend North Pumping Station 830 North Michigan Street	62272
Terre Haute Vigo County Home 3500 East Maple Avenue	57295
Tipton Court House and Tipton High School (R. R. 1)	55369
Valparaiso Porter County Storage Building Rural Route 6	62437
Vincennes Old Sewage Treatment Plant Rural Route 2, Box 268	55222
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 1 "D" Building	57568
Westville Dr. Norman M. Beatty Memorial Hospital Storage Room No. 2 "D" Building	57569
Michigan City Walters Hospital, Inc. 3714 South Franklin Street	9999-010-0352
Greensburg Old National Guard Armory North & Lincoln Streets	9999-010-1621
Lafayette St. Elizabeth Hospital 1501 Hartford Street	9999-010-1622

TRAINING HOSPITALS

Indianapolis
Marion County Civil Defense
Poseyville
Posey County Civil Defense ◄

About Our Cover

Indiana's famous children's hospital — the James Whitcomb Riley Hospital for Children at the Medical Center of Indiana University-Purdue University at Indianapolis — has dedicated an $8.3 million addition incorporating some of the nation's most innovative advances in pediatric care.

The addition is one phase of an extensive program developed and supported by the Riley Memorial Association to rebuild the hospital as part of the current development program for the Indiana University Hospitals.

Construction has also begun on the $23 million second phase of the new Indiana University Hospital to add education and clinical services to the first hospital ever built in Indiana for the specific purpose of education in the health professions.

The Riley addition includes extensive new facilities for laboratories, for some of the 63 pediatric out-patient clinics, occupational and physical therapy, and a new parent care unit where parents can remain in the hospital with their children and assist in their care.

As this addition is occupied, older areas of Riley will be rebuilt and renovated for further clinical and educational uses. Similar projects are underway in Long and Coleman hospitals, which are being closed down as in-patient facilities as the Indiana University Hospital progresses.

Riley and the other university hospitals are used each year for the clinical education of more than 3,000 students in medicine, nursing and the allied health professions.

The Indiana University Hospitals receive no appropriations from the Indiana General Assembly for their operating budgets for clinical education and patient care. Nationally, state legislatures appropriate an average of 34% of the operating budgets of state university teaching hospitals.

The treatment of

impotence

due to androgenic deficiency in the American male.
The concept of chemotherapy plus the physician's psychological support is confirmed as effective therapy.

NEW CLINICAL STUDY

The Treatment of Impotence with Methyltestosterone Thyroid (100 patients — Double Blind Study) T. Jakobovits Fertility and Sterility, January 1970 Official Journal of the American Fertility Society

Android®

(thyroid-androgen) tablets

Double-Blind Study and Type of Patient:
100 patients suffering from impotence. Of the patients receiving the active medication (Android) a favourable response was seen in 78%. This compares with 40% on placebo. Although psychotherapy is indicated in patients suffering from functional impotence the concomitant role of chemotherapy (Android) cannot be disputed.

Choice of 4 strengths:

Android
Each yellow tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/6 gr.) ..10 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-HP
HIGH POTENCY
Each red tablet contains:
Methyl Testosterone ..5.0 mg.
Thyroid Ext. (1/2 gr.) ...30 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 tablet 3 times daily.
Available:
Bottles of 100, 500, 1000.

Android-X
EXTRA HIGH POTENCY
Each orange tablet contains:
Methyl Testosterone .12.5 mg.
Thyroid Ext. (1 gr.) ....64 mg.
Glutamic Acid .....50 mg.
Thiamine HCL .....10 mg.
Dose: 1 or 2 tablets daily.
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Android-Plus
WITH HIGH POTENCY B-COMPLEX AND VITAMIN C
Each white tablet contains:
Methyl Testosterone ..2.5 mg.
Thyroid Ext. (1/4 gr.) ...15 mg.
Ascorbic Acid (Vit. C) .250 mg.
Thiamine HCL .....25 mg.
Glutamic Acid .....100 mg.
Pyridoxine HCL .....5 mg.
Niacinamide .....75 mg.
Calcium Pantothenate .10 mg.
Vitamin B-12 .....2.5 mcg.
Riboflavin .....5 mg.
Dose: 2 tablets daily.
Available: Bottles of 60, 500.

REFER TO PDR

Contraindications: Android is contraindicated in patients with prostatic carcinoma, severe cardiorenal disease and severe persistent hypercalcemia, coronary heart disease and hyperthyroidism. Occasional cases of jaundice with plugging biliary canaliculi have occurred with average doses of Methyl Testosterone. Thyroid is not to be used in heart disease and hypertension.

Warnings: Large dosages may cause anorexia, nausea, vomiting abdominal pain, diarrhea, headache, dizziness, lethargy, paresthesia, skin eruptions, loss of libido in males, dysuria, edema, congestive heart failure and mammary carcinoma in males.

Precautions: If hypothyroidism is accompanied by adrenal insufficiency the latter must be corrected prior to and during thyroid administration.

Adverse Reactions: Since Androgens, in general, tend to promote retention of sodium and water, patients receiving Methyl Testosterone, in particular elderly patients, should be observed for edema.

Hypercalcemia may occur, particularly in immobilized patients: use of Testosterone should be discontinued as soon as hypercalcemia is detected.

References: 1. Montesano, P., and Evangelista, I. Methyltestosterone-thyroid treatment of sexual impotence. Clin Med 12:69, 1966. 2. Dublin, M. F. Treatment of impotence with methyltestosterone-thyroid compound. West Med 5:67, 1964. 3. Titoff, A. S. Methyltestosterone-thyroid in treating impotence. Gen Prac 25:6, 1962. 4. Hallman, L., Bradlaw, H. L., Zumoff, B., Fukushima, D. K., and Gallagher, T. F. Thyroid-androgen interrelations and the hypocholesteremic effect of androsterone. J Clin Endocr 19:836, 1959. 5. Farris, E. J., and Caltan, S. W. Effects of L-thyroxine and liothyronine on spermatogenesis. J Urol 79:863, 1958. 6. Osol, A., and Farrar, G. E. United States Dispensatory (ed. 25). Lippincott, Philadelphia, 1955, p. 1432. 7. Warshub, L. P. Sexual Impotence in the Male. Thomas, Springfield, Ill., 1959, pp. 79-99.

Write for literature and samples: BROWN **THE BROWN PHARMACEUTICAL CO., INC.** 2500 West 6th Street, Los Angeles, California 90057

Deaths of Indiana Physicians in 1970

(M) Member ISMA, (S) Senior Member, (R) Retired

Name	Age	Date of Death	Address	Cause of Death
Herr, John W. (S)	77	Jan. 4	Newburgh	Arteriosclerotic heart disease.
Martin, Floyd S. (M)	63	Jan. 6	Goshen	Myocardial infarction; arteriosclerotic coronary thrombosis.
Panares, Solomon V. (M)	64	Jan. 7	Hammond	Congestive heart failure; myocardial insufficiency.
Furgason, Paul	66	Jan. 11	Cambridge City	Cor pulmonale; emphysema.
Marshall, Thomas J. (S) (R)	86	Jan. 17	Charlestown	Cerebral artery thrombosis; arteriosclerosis.
Brown, James C. (M)	67	Jan. 20	Valparaiso	Myocardial infarction; atherosclerosis.
Steckler, Robert J.	47	Jan. 21	Evansville (formerly)	Carcinoma of the pancreas.
Bridwell, Edgar G. (M)	61	Jan. 27	Bedford	Acute myocardial infarction.
Maris, Lee J. (M)	58	Feb. 1	Attica	Coronary artery occlusion.
Storms, Roy B. (S)	81	Feb. 4	Indianapolis	Acute myocardial infarction.
Hickam, John B. (M)	55	Feb. 9	Indianapolis	Cerebrovascular accident.
Clay, Herman H.	72	Feb. 11	Gary (formerly)	
Cooke, J. Kenneth (M)	56	Feb. 11	Indianapolis	
Gregg, Albert F. (M)	69	Feb. 13	Connersville	Cirrhosis of liver; severe pulmonary emphysema.
Jaquith, Orville S. (S) (R)	97	Feb. 21	Indianapolis	Acute coronary occlusion; arteriosclerosis.
Kunkler, Joseph (S)	87	Mar. 4	Terre Haute	Coronary occlusion; arteriosclerosis.
Marshall, Caesar L. (M)	51	Mar. 8	Fort Wayne	Cerebrovascular accident; arteriosclerosis.
Hepburn, Charles K. (M)	62	Mar. 12	Indianapolis	Dissecting abdominal aortic aneurysm; arteriosclerosis.
Adler, Raymond N. (M)	62	Apr. 3	Evansville	Cerebrovascular accident.
Pirkle, Hubert B. (S) (R)	73	Apr. 12	Rockville	Myocardial infarction; arteriosclerotic cardiovascular disease.
Viney, Charles L. (M)	67	Apr. 24	Logansport	Coronary occlusion; arteriosclerotic heart disease.
Folck, John K. (M)	62	Apr. 28	Princeton	Cerebral hemorrhage; diabetes mellitus.
Montgomery, Samuel B. (S) (R)	95	May 18	Cynthiana	Cerebral hemorrhage; arteriosclerosis.
Sanders, Jesse A. (S) (R)	81	May 19	Auburn	Pneumonia; carcinoma of the lung.
Sennett, Cecil M. (S) (R)	79	May 20	Westville	Carcinomatosis.
Wright, William C. (S)	73	May 21	Fort Wayne	Congestive heart failure and arteriosclerotic heart disease.
Cain, Jasper (R)	92	May 24	Heltonville	Cerebrovascular thrombosis.
Adair, William K. (S)	87	May 29	Crothersville	Coronary artery occlusion.
Dunaway, Jane E.	91	June 3	Bloomington	Acute myocardial infarction; arteriosclerotic heart disease.
McCoy, Tim I.	29	June 3	Indianapolis	Acute barbiturate intoxication.
Hunter, Frank P. (S) (R)	81	June 21	Lafayette	Cerebral hemorrhage.
Folkening, Norval C. (M)	57	June 27	Indianapolis	Cardiorespiratory arrest; acute myocardial infarction; arteriosclerotic heart disease.
Hines, Archie V. (S)	78	July 6	Auburn	Cardiac arrest; coronary atherosclerosis; generalized arteriosclerosis.
Murdock, Harvey L. (S)	78	July 6	Fort Wayne	Arteriosclerotic heart disease.
Gladstone, Naf H. (M)	60	July 7	Fort Wayne	Arteriosclerotic heart disease.

Name	Age	Date of Death	Address	Cause of Death
Jennings, Ralph E.	93	July 10	Templeton	Congestive heart failure.
Corrao, Gaetano (M)	73	July 10	Gary	
Rossiter, Dudley L. (S)	74	July 11	Fort Wayne	Coronary occlusion; arteriosclerotic heart disease.
Rogers, Otto F. (M)	65	July 24	Bloomington	Massive myocardial infarction; arteriosclerotic heart disease.
Littell, Joseph Jerome	75	July 21	Indianapolis (formerly)	Cerebral thrombosis; arteriosclerosis.
Hill, Gladys M. (Stevenson) (M)	66	Aug. 1	Richmond	Cerebral thrombosis; cerebral arteriosclerosis.
Karlick, Joseph R.	56	Aug. 1	Arcadia	Self-inflicted gunshot wound.
Norton, Harold J. (S)	71	Aug. 2	Columbus	Bronchogenic squamous cell carcinoma.
Lee, Illuminada Santiago	52	Aug. 3	Highland	Diabetes mellitus; septicemia.
Herendeen, Elbie V. (M)	68	Aug. 3	Rochester	Coronary occlusion.
Lyon, Florence Dodds	70	Aug. 8	Portland	Arterosclerotic heart disease.
Hart, William D. (M)	61	Aug. 11	Anderson	Coronary occlusion.
Koehler, Elmer G. (M)	67	Aug. 22	Elkhart	Adenocarcinoma of prostate; metastatic.
Lyons, Leonard M. (M)	74	Aug. 18	Terre Haute	Cerebrovascular accident.
Brodie, Donald W. (M)	60	Aug. 26	Indianapolis	Carcinoma of lung with metastasis.
Abelarde, Jose F.	71	Sept. 11	Indianapolis	Massive brainstem hemorrhage.
Almquist, Carl O. (S)	75	Sept. 21	Gary	Coronary artery occlusion; arteriosclerotic heart disease.
Pierson, Robert H. (M)	68	Sept. 21	Crawfordsville	Cardiac failure; cardiac arrhythmia.
Ketcham, Jane M. (S)	90	Sept. 23	Indianapolis	Broncho pneumonia; arteriosclerotic heart disease.
McMath, Samuel B. (M)	47	Sept. 6	Gary	Myocardial infarction; hypertension.
Irwin, Seth H.	88	Oct. 2	Muncie	Myocardial insufficiency; arteriosclerotic heart disease.
Batman, Gordon W. (S)	72	Oct. 5	Indianapolis	Myocardial infarction.
Kennedy, Walter U. (S)	92	Oct. 20	New Castle	Bronchopneumonia; arteriosclerotic heart disease; acute urinary retention.
Seglin, Robert V. L.	44	Oct. 25	Marion	Burns.
Masters, Robert J. (S)	76	Oct. 30	Indianapolis	Carcinoma of the urinary bladder.
Dreyer, Ralph W. (S)	63	Nov. 1	Richmond	Carcinoma of pancreas.
Maple, James Brian (S)	91	Nov. 2	Sullivan	Arteriosclerotic cardiovascular disease; general atherosclerosis.
Ricketts, Joseph (M)	87	Nov. 4	Indianapolis	
Anderson, Richard Malvin (M)	62	Nov. 6	Vincennes	Cerebral concussion and contusion; basilar skull fracture.
Heminway, Norman L. (M)	61	Nov. 15	Elkhart	Cerebral thrombosis.
Jackson, James William (S)	90	Nov. 19	Indianapolis	Cerebral accident.
Crum, Marion M. (M)	64	Nov. 25	Angola	Myocardial infarction; coronary thrombosis and coronary artery disease.
Meyer, Orlando L.	69	Dec. 9	Fort Wayne	Myocardial infarct; arteriosclerotic heart disease.
Biffington, Gordon W.	50	Dec. 14	Muncie	Cirrhosis of the liver.
Warman, Alvah P. (S)	85	Dec. 14	Indianapolis	Congestive heart failure; arteriosclerotic heart disease.
Rowe, Howard Heeter (M)	62	Dec. 19	Rochester	Dissecting aneurysm of abdominal aorta; atherosclerosis.
Paulissen, George I. (M)	64	Dec. 19	Indianapolis	Myocardial infarction; arteriosclerotic heart disease.
Winklepleck, A. M.	91	Aug.	Connersville	Cardiac insufficiency; arteriosclerotic heart disease. ◄

Presidents of ISMA Since Its Organization

Medical Association	Elected	Served
*Livingston Dunlap, Indianapolis	1849	1849
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*William T. S. Cornett, Versailles	1849	1850
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*George W. Mears, Indianapolis	1851	1852
*Jeremiah H. Brower, Lawrenceburg	1852	1853
*Elizur H. Deming, Lafayette	1853	1854
*Madison J. Bray, Evansville	1854	1855
*William Lomax, Marion	1855	1856
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*Theophilus Parvin, Indianapolis	1861	1862
*James F. Hibberd, Richmond	1862	1863
*John Sloan, New Albany	1863	----
*John Moffet (acting), Rushville	1863	1864
*Samuel L. Linton, Columbus	1864	----
*Wilson Lockhart (acting), Danville	1864	1865
*Myron H. Harding, Lawrenceburg	1865	1866
*Vierling Kersey, Richmond	1866	1867
*John S. Bobbs, Indianapolis	1867	1868
*Nathaniel Field, Jeffersonville	1868	1869
*George Sutton, Aurora	1869	1870
*Robert N. Todd, Indianapolis	1870	1871
*Henry P. Ayres, Ft. Wayne	1871	1872
*Joel Pennington, Milton	1872	1873
*Isaac Casselberry, Evansville	1873	----
*Wilson Hobbs (acting), Knightstown	1873	1874
*Richard E. Houghton, Richmond	1874	1875
*John H. Helm, Peru	1875	1876
*Samuel S. Boyd, Dublin	1876	1877
*Luther D. Waterman, Indianapolis	1877	1878
*Louis Humphreys, South Bend	1878	----
*Benj. Newland (acting), Bedford (v.p.)	1878	1879
*Jacob R. Weist, Richmond	1879	1880
*Thomas B. Harvey, Indianapolis	1880	1881
*Marshall Sexton, Rushville	1881	1882
*William H. Bell, Logansport	1882	1883
*Samuel E. Mumford, Princeton	1883	1884
*James H. Woodburn, Indianapolis	1884	1885
*James S. Gregg, Ft. Wayne	1885	1886
*General W. H. Kemper, Muncie	1886	1887
*Samuel H. Charlton, Seymour	1887	1888
*William H. Wishard, Indianapolis	1888	1889
*James D. Gatch, Lawrenceburg	1889	1890
*Gonsolvo C. Smythe, Greencastle	1890	1891
*Edwin Walker, Evansville	1891	1892
*George F. Beasley, Lafayette	1892	1893
*Charles A. Daugherty, South Bend	1893	1894
*Elijah S. Elder, Indianapolis	1894	----
*Charles S. Bond (acting), Richmond	1894	1895
*Miles F. Porter, Ft. Wayne	1895	1896

* Deceased.

Medical Association	Elected	Served
*James H. Ford, Wabash	1896	1897
*William N. Wishard, Indianapolis	1897	1898
*John C. Sexton, Rushville	1898	1899
*Walker Schell, Terre Haute	1899	1900
*George W. McCaskey, Ft. Wayne	1900	1901
*Alembert W. Brayton, Indianapolis	1901	1902
*John B. Berteling, South Bend	1902	1903
*Jonas Stewart, Anderson	1903	1904
*George T. MacCoy, Columbus	1904	1905
*George H. Grant, Richmond	1905	1906
*George J. Cook, Indianapolis	1906	1907
*David C. Peyton, Jeffersonville	1907	1908
*George D. Kahlo, French Lick	1908	1909
*Thomas C. Kennedy, Shelbyville	1909	1910
*Frederick C. Heath, Indianapolis	1910	1911
*William F. Howat, Hammond	1911	1912
*A. C. Kimberlin, Indianapolis	1912	1913
*John P. Salb, Jasper	1913	1914
*Frank B. Wynn, Indianapolis	1914	1915
*George F. Keiper, Lafayette	1915	1916
*John H. Oliver, Indianapolis	1916	1917
*Joseph Rilus Eastman, Indianapolis	1917	1918
*William H. Stemm, North Vernon	1918	1919
*Charles H. McCully, Logansport	1919	1920
*David Ross, Indianapolis	1920	1921
*William R. Davidson, Evansville	1921	1922
*Charles H. Good, Huntington	1922	1923
*Samuel E. Earp, Indianapolis	1923	1924
*Eldridge M. Shanklin, Hammond	1924	1925
Medical Association		
*Charles N. Combs, Terre Haute	1925	1926
*Frank W. Cregor, Indianapolis	1926	1927
*George R. Daniels, Marion	1926	1928
*Charles E. Gillespie, Seymour	1927	1929
*Angus C. McDonald, Warsaw	1928	1930
*Alois B. Graham, Indianapolis	1929	1931
*Franklin S. Crockett, Lafayette	1930	1932
*Joseph H. Weinstein, Terre Haute	1931	1933
*Everett E. Padgett, Indianapolis	1932	1934
*Walter J. Leach, New Albany	1933	1935
*Roscoe L. Sensenich, South Bend	1934	1936
*Edmund D. Clark, Indianapolis	1935	1937
Herman M. Baker, Evansville	1936	1938
*Edmund M. Van Buskirk, Ft. Wayne	1937	1939
Karl R. Ruddell, Indianapolis	1938	1940
*Albert M. Mitchell, Terre Haute	1939	1941
Maynard A. Austin, Anderson	1940	1942
*Carl H. McCaskey, Indianapolis	1941	1943
*Jacob T. Oliphant, Farmerburg	1942	1944
*Nelson K. Forster, Hammond	1943	1945
*Jesse E. Ferrell, Fortsville	1944	1946
*Floyd T. Romberger, Lafayette	1945	1947
*Cleon A. Nafe, Indianapolis	1946	1948
*Augustus P. Hauss, New Albany	1947	1949
*C. S. Black, Warren	1948	1950
*Alfred Ellison, South Bend	1949	1951

* Deceased.

Medical Association	Elected	Served
*J. William Wright, Indianapolis	1950	1952
*Paul D. Crimm, Evansville	1951	1953
Wm. Harry Howard, Hammond	1952	1954
*Walter L. Portteus, Franklin	1953	1955
*Walter U. Kennedy, New Castle	1954	1956
*Elton R. Clarke, Kokomo	1955	1957
M. C. Topping, Terre Haute	1956	1958
Kenneth L. Olson, South Bend	1957	1959
Earl W. Mericle, Indianapolis	1958	1960
Guy A. Owsley, Hartford City	1959	1961
*Harry R. Stimson, Gary	1960	1962
Maurice E. Glock, Fort Wayne	1961	1963
Donald E. Wood, Indianapolis	1962	1964
Joseph M. Black, Seymour	1963	1965
Kenneth O. Neumann, Lafayette	1964	1966
Eugene S. Rifner, Van Buren	1965	1967
*G. O. Larson, LaPorte	1966	1968
Patrick J. V. Corcoran, Evansville	1967	1969
Lowell H. Steen, Hammond	1968	1970

* Deceased.

New Indiana Law Concerning the Testing of School Children for Tuberculosis

HOUSE ENROLLED ACT No. 1129

AN ACT to amend IC 1971, 20-8-24, concerning the testing of school children for tuberculosis.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1 IC 1971, 20-8-24-1 (formerly Acts 1967, c. 28, s. 1 as amended by Acts 1969, c. 150, s. 1) is amended to read as follows: Sec. 1. The school officials of each school corporation in the State of Indiana shall, upon enrollment of any child in kindergarten or first grade, whichever constitutes enrollment for the first time in any school of the school corporation, require the parents, guardian, or any person having the control and custody of such child to furnish written evidence that such child has been skin tested for tuberculosis. The state board of health may prescribe by regulation the kind and nature of such test, and such written evidence shall be on such forms as may be prescribed by the State Board of Health of Indiana, and shall show the residence, age, and sex of such child, the kind of test used, the result of such test, and shall be signed by a person authorized to practice medicine without limitation in Indiana. In no case shall a child be permitted to attend school more than thirty (30) days beyond the date of his enrollment without furnishing said written evidence.

SEC. 2. IC 1971, 20-8-24-3 (formerly Acts 1967, c. 28, s. 3, as amended by Acts 1969, c. 150, s. 3) is amended to read as follows: Sec. 3. The school officials of each school corporation, in the State of Indiana shall, not later than sixty (60) days after the enrollment of children in kindergarten or first grade in any school of the school corporation file a written report with the Indiana state board of health, in a manner as may be prescribed by the State Board of Health, stating the identity of such children as were shown to be tuberculin positive reactors.

The school officials of any school corporation shall be required to file such report for any child who subsequently enrolls in kindergarten or first grade whichever constitutes enrollment for the first time in any school of the school corporation after the report provided for in this section has been submitted to the state board of health.

Constitution and Bylaws of the Indiana State Medical Association

CONSTITUTION

ARTICLE I.—NAME OF THE ASSOCIATION

The name and title of this organization shall be the Indiana State Medical Association.

ARTICLE II.—PURPOSE OF THE ASSOCIATION

The purposes of this Association shall be to federate and bring into one compact organization the medical profession of the State of Indiana, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education; to promote friendly intercourse among physicians; to protect its members against imposition; and to enlighten and direct public opinion in regard to the great problems of medical care, and public health, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease and in prolonging and adding comfort to life.

ARTICLE III.—COMPONENT SOCIETIES

Component societies shall consist of those county medical societies which hold charters from this Association.

ARTICLE IV.—COMPOSITION OF THE ASSOCIATION

Section 1.—This Association shall consist of Active Members, Associate Members, Senior Members, Honorary Members and Disabled Members.

Sec. 2.—*Active Members.*—The active members of this Association shall be the members of the component county medical societies, and no county medical society shall grant active membership therein on a basis that does not include membership in the district medical society and in the Indiana State Medical Association.

Sec. 3.—*Interns and Residents.* Interns and Residents who hold membership in the Indiana State Medical Association shall have all the rights and privileges of this Association except the right to hold office and to vote.

Sec. 4.—*Associate Members.*—Members of the Indiana State Dental Association in good standing are, by virtue of their membership therein, made associate members of the Indiana State Medical Association.

Sec. 5.—*Senior Members.*—Senior members shall be physicians of the State of Indiana who have attained the age of seventy years and have held membership in the Indiana State Medical Association for twenty years or more, and who, upon their application, have been certified to the Executive Secretary as eligible for such membership by the county societies of which they are members. Eligibility to senior status shall begin the year after the member reaches the age of seventy.

Sec. 6.—*Honorary Members.*—Honorary members shall consist of teachers, scientists and others who have rendered highly meritorious service to the profession of medicine, and of physicians and surgeons of distinction, upon whom the Association may, through vote of the House of Delegates, desire to confer such membership as a special honor.

Sec. 7.—*Disabled Members.*—Disabled members shall consist of physicians of the state of Indiana who are certified by a member physician to be permanently disabled and no longer able to practice medicine and who continue to reside in the state of Indiana. Proof of permanent disability shall be by notification to the secretary of the Association by the secretary of the county medical society in which such permanently disabled physician holds membership.

Sec. 8.—*Rights and Privileges of Members*—Active members, senior members and disabled members shall have the same rights and privileges except as follows:

a. Senior members shall not be required to pay membership dues in the State Association.

b. If senior members desire to receive THE JOURNAL of the State Association, they shall pay the regular subscription price therefor.

c. Senior members who desire the benefit of medical defense as provided by the Bylaws of this Association shall pay the amount stipulated in Section 1, Chapter XXXIII of the Bylaws for this coverage.

d. Honorary members hereafter elected shall hold such membership as an honor and distinction and shall have the right to attend meetings of the Association. They shall have the privilege of participating in discussions but shall have no right to vote or to hold office. They shall not be required to pay membership dues in the State Association.

e. All such disabled members, as defined above, shall receive association membership cards and The Journal of the Association without charge.

ARTICLE V.—HOUSE OF DELEGATES

The House of Delegates shall be the legislative and business body of the Association and shall consist of (1) Delegates, or their designated alternates, elected by the component county societies;

(2) the Trustees, or their designated alternates, and (3) the ex-presidents of the Indiana State Medical Association. The following shall be *ex officio* members: the President, the President-elect, the Executive Secretary, the Treasurer and Assistant Treasurer of this Association, and the delegates to the American Medical Association, all without power to vote, except in case of a tie vote, when the President or person presiding shall cast the deciding vote.

ARTICLE VI—BOARD OF TRUSTEES

The Board of Trustees shall consist of (1) the Trustees with power to vote and their duly elected alternates, each of the latter without power to vote except in the absence of his Trustee; and (2) ex-officio, the President, President-elect, Treasurer with power to vote and Assistant Treasurer without power to vote except in case the Treasurer be absent. Besides its duties mentioned in the Bylaws, the Board of Trustees shall have full charge and control of all the property of the Assocation. It shall have full authority and power of the House of Delegates between sessions of the House of Delegates, except that it shall not make changes in the laws governing the Association nor exercise legislative functions, except as stated in the Bylaws, and at all times shall be the finance committee of the Association. Seven Trustees shall constitute a quorum.

ARTICLE VII.—SECTIONS AND DISTRICT SOCIETIES

The House of Delegates may provide for a division of the scientific work of the Association into appropriate sections; and for the organization of such Trustee District Societies as will promote the best interests of the profession, such societies to be composed exclusively of members of component county societies. Trustee districts shall be defined by the House of Delegates.

ARTICLE VIII.—CONVENTION AND MEETINGS

Section 1.—The Association shall hold an Annual Convention during which there shall be held such general and section meetings as the Association through its duly constituted officers and committees may provide for.

Sec. 2.—The House of Delegates shall select the place five years in advance for holding the Annual Convention. The time for the convention shall be fixed by the Board, and the Board shall have the power also to change the place for holding the convention where conditions may create difficulties in holding a successful convention at the place designated by the House of Delegates.

Sec. 3.—Special meetings of either the Association or the House of Delegates shall be called by the President on petition of twenty delegates or fifty members. Upon receipt by the President of such a petition of twenty delegates, or fifty members, the President shall within 30 days thereafter issue a call for such special meeting at a time and place to be fixed by the President. The President, in specifying the time of such special meeting, shall fix the same as soon thereafter as reasonable and suitable arrangements can be made.

ARTICLE IX.—OFFICERS

Section 1.—The officers of this Association shall be a President, a President-elect, an Executive Secretary, a Treasurer, an Assistant Treasurer and thirteen Trustees, each of whom shall be a member, except the Executive Secretary, who need not necessarily be either a physician or a member.

Sec. 2.—The officers, except the Trustees and the Executive Secretary, whose election has been provided for hereinafter, shall be elected annually. The terms of elected Trustees shall be for three years and approximately one-third of the number shall be elected annually. No Trustee shall be eligible to serve longer than two consecutive three-year terms, effective with the beginning of his next election following the adoption of this amendment.

All of these officers shall serve until their successors are elected and installed. Provided, that if any elected Trustee fails, without reason acceptable to the Board, in any one calendar year to attend a majority of the meetings of the Board, he shall thereby cease to be a Trustee, and the Executive Secretary shall thereupon take action in accordance with Section 4 of this article.

Sec. 3.—The officers of this Association with the exception of the Executive Secretary shall be elected by the House of Delegates as the first order of business at the final meeting of the House of Delegates, and no person shall be elected to any such office who has not been an active member of the Association for the preceding two years.

Sec. 4.—The Trustees shall be elected by the respective district societies. If any district fails to meet and elect its Trustee by the time of the expiration of the incumbent's term of office, the Executive Secretary of the Association shall cause a special meeting to be called by said district society for the purpose of such election.

Sec. 5.—Each Trustee district shall elect an alternate Trustee whose term of office shall be the same as the Trustee, namely three years. The alternate Trustee shall be elected in a year during which there is no Trustee elected.

The duties of the alternate Trustee shall be:

1. To represent the Trustee district in the absence of the regularly elected Trustee.

2. To vote only in the absence of the regularly elected Trustee either in the House of Delegates or in Board meetings where he represents the regularly elected Trustee.

Sec. 6.—Any officer may be removed from office after a hearing before the Board, on thirty days' notice, on charges in writing, upon a vote of three-fourths of the members of the Board.

Sec. 7.—In event of the death, resignation, removal, or disability of the President, the President-elect shall succeed to the presidency. In the event of the death, disability, resignation or removal of both the President and the President-elect, the chairman of the Board shall become President

pro tem and as such shall, within a period of sixty days, call a special session of the members of the House of Delegates for the purpose of electing members to fill these vacancies, who shall serve until the next regular meeting of the House of Delegates, at which time both a President and a President-elect shall be elected, both of whom shall take office immediately upon their election.

Sec. 8.—A vacancy in the office of Treasurer or Assistant Treasurer shall be filled by an election by the Trustees at the next regular meeting of the Board following the occurrence of such vacancy.

Sec. 9.—In the event of a vacancy occurring from any cause, except expiration of the term of office, in the office of any district Trustee, the duly elected alternate Trustee from the same district shall succeed to the office of Trustee in that district for the unexpired term of said Trustee.

In the event vacancies occur in any Trustee district in the offices of both Trustee and alternate Trustee, the vacancies shall be filled by an election by the members of the Association within the Trustee district in which such vacancies occur. A call for such elections shall be issued by the Executive Secretary of the State Association following conference with the officers of the district organization. The call shall state the time and place of holding the election and shall be sent registered mail to the county secretary as filed in the state secretary's office of each component society within the district. Such call shall be mailed within ten days after the state secretary has learned of the vacancies. The election may be held at a special or regular meeting in which other business than the election may be transacted. Such election shall be held within fifteen days after the secretary of the State Association shall have mailed such call.

Sec. 10.—None of the officers shall receive compensation except the Executive Secretary, who shall be employed by the Board, and the Board shall fill any vacancy in that office.

ARTICLE X.—RECIPROCITY OF MEMBERSHIP WITH OTHER STATE SOCIETIES

In order to broaden professional fellowship, this Association is ready to arrange with other State Medical Associations for an interchange of certificates of membership so that members moving from one state to another may avoid the formality of re-election.

ARTICLE XI.—INCOME AND EXPENSES

Funds for carrying on the activities of this Association shall be raised by the following means:

a. Membership dues to be collected may be collected by the Indiana State Medical Association or by the component county societies in connection with the dues for such component societies. The amount of dues of each component society shall be fixed by the society itself; and the amount of dues for this Association shall be fixed from time to time by the House of Delegates.

b. Voluntary contributions.

c. Revenues derived from the Association's publications.

d. Any other manner approved by the House of Delegates.

Funds may be appropriated by the House of Delegates to defray the expenses of the Association, for publications, and for such other purposes as will promote the welfare of the profession. All motions and resolutions appropriating funds must be referred to the Executive Committee and Board for approval before final action is taken thereon.

ARTICLE XII.—REFERENDUM

Section 1.—A General Meeting of the Association may, by a two-thirds vote of the members present, order a general referendum on any question pending before the House of Delegates, and when so ordered the House of Delegates shall submit such question to the members of the Association, who may vote by mail or in person, and if the members voting shall comprise a majority of all members of the Association, a majority of such vote shall determine the question and be binding on the House of Delegates.

Sec. 2.—The House of Delegates may, by a two-thirds vote of its own members, submit any question before it to a general referendum, as provided in the preceding section, and the result shall be binding on the House of Delegates.

ARTICLE XIII.—THE SEAL

The Association shall have a common Seal, with power to break, change or renew the same at pleasure.

ARTICLE XIV.—AMENDMENTS

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates present at any Annual Convention, provided that such amendment shall have been presented in open meeting at the previous Annual Convention, and that it shall have been published twice during the year in THE JOURNAL of this Association.

BYLAWS

CHAPTER I—MEMBERSHIP

Sec. 1.—The term "Member" as used in these Bylaws unless otherwise indicated shall mean both active and Senior Members of component county medical societies who hold either the Degree of Doctor of Medicine, Bachelor of Medicine, or who hold an unrestricted license to practice medicine and surgery.

Sec. 2.—Any physician who is a member in good standing of a component county society and who has paid to this Association his annual dues is a member in good standing of the Indiana State Medical Association, provided, however, that he is a citizen of the United States of America, or has filed his declaration of intention of becoming a

citizen and his first citizenship papers are in full force and effect.

Sec. 3.—No person whose license to practice medicine has been suspended or revoked or who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Association or of a component county society, nor shall he be permitted to take part in any of their proceedings until he has been relieved of such disability.

Sec. 4.—Each member in attendance at the Annual Convention shall register by indicating the component society of which he is a member. When his right to membership has been verified, by reference to the roster of his society, he shall receive a badge, which shall be evidence of his right to all the privileges of membership at that convention. No member shall take part in any of the proceedings of an Annual Convention until he has complied with the provisions of this section.

CHAPTER II.—GENERAL MEETINGS

Section 1.—General Meetings shall mean all meetings planned for attendance by all registered members, and shall include those meetings in which guests of registered members or the general public are also invited. The address of the President may be delivered in a General Meeting, and the programs of General Meetings shall be arranged by the Executive Committee except where scientific papers are included, in which event the scientific part of the program shall be arranged by the Commission on Convention Arrangements, with the sanction and approval of the officers.

Sec. 2.—The General or Section Meetings may recommend to the House of Delegates the appointment of committees or commissions for scientific investigation of special interest and importance to the profession and public.

Sec. 3.—All scientific papers read before the Association or any of the sections shall become its property and shall not be published in any but the official publications of this Association, except by consent of the officers and the Editorial Board of this Association. Each such paper shall be deposited with the Executive Secretary when read.

Sec. 4.—The Board shall appropriate from the funds of the Association for such an amount as in the discretion of the Board shall be reasonably needed for that purpose, and no commitments shall be made for expenses in excess of the amount appropriated for such Convention. The funds so appropriated shall, upon the approval of the Executive Committee, be expended at the direction of the Commission on Convention Arrangements appointed by the President for the Convention for which the appropriation is made. All money in excess of that expended for actual expenses incurred shall revert each year to the treasury of the Association.

Sec. 5.—Any of the component member county societies wishing to invite the Indiana State Medical Association to hold its annual meeting in its locality shall submit an invitation in writing at least five years in advance to the Board of Trustees. The Board of Trustees shall make an investigation of the facilities and in turn recommend the location of the annual meetings for concurrence by the House.

CHAPTER III.—SECTIONS

Section 1.—During the Annual Convention the Association in addition to the general meetings may hold the following section meetings:

a. Surgical.

b. Internal Medicine.

c. Eye, Ear, Nose, and Throat.

d. Anesthesia.

e. General Practice.

f. Obstetrics and Gynecology.

g. Preventive Medicine and Public Health

h. Radiology.

i. Nervous and Mental Diseases.

j. Pathology and Forensic Medicine.

k. Pediatrics.

l. Directors of Medical Education.

m. Cutaneous Medicine.

n. College Health Physicians

o. Any other sections that hereafter may be provided for by the House of Delegates.

Sec. 2.—The officers of each section shall be a chairman, a vice-chairman, and a secretary, and they shall preside over the meetings of the sections and shall be responsible to the Committee on Scientific Work for the section speakers and papers.

Sec. 3.—The election of officers of the sections shall be the last order of business of the last meeting of the sections during the Annual Convention.

Sec. 4.—No section meeting shall be allowed to conflict with a general meeting.

CHAPTER IV.—HOUSE OF DELEGATES

Section 1.—The House of Delegates may meet on the day before the date set for the beginning of the general registration of the attendance at the Annual Convention. It may adjourn from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the general or section meetings. It shall meet on the last day of the Annual Convention for the election of officers for the ensuing

year, and for the completion of any business previously introduced. The order of business shall be arranged as a separate section of the program.

Sec. 2.—Each component county society shall be entitled to send to the House of Delegates each year one delegate for every fifty members and one for each major fraction thereof; but, irrespective of the number of members, each component society which has made its annual report and paid its assessments, as provided in this Constitution and Bylaws, shall be entitled to one delegate, except that where a component society is made up of physicians of more than one county, each county shall be entitled to at least one delegate and one alternate delegate who shall be a resident of the county he represents as a delegate or alternate delegate and who shall be selected by the physicians residing in such county. Two delegates are to be selected by the Indiana Chapter Student American Medical Association who shall be seated though without power to vote.

The number of delegates to which each component society is entitled shall be based upon the number of members on record in the office of the Executive Secretary in good standing with current dues fully paid as of December 31 of the preceding year.

The names of duly elected delegates and alternates from each component society shall be sent to the Executive Secretary of this Association on or before February 1, prior to the Annual Convention at which such delegates are to serve. No one shall be entitled to a seat in the House of Delegates unless his credentials as a delegate or alternate, properly signed by the secretary of his county society, be presented to the Committee on Credentials at the time of the Annual Convention.

Sec. 3.—Fifty delegates shall constitute a quorum.

Sec. 4.—The House of Delegates shall:

a. Elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and Bylaws of that body.

b. Divide the state into Trustee districts, specifying what counties each district shall include, and when the best interests of the Association and profession will be promoted thereby, organize in each district a medical society, and all members of component county societies, and no others, shall be members of such district societies.

c. Have authority to appoint committees for special purposes from among members of the Association who need not be members of the House of Delegates. Such committees shall report to the House of Delegates, and the members of such committees may be present and participate in the debate on their reports.

d. Approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 5.—Proposals calling for appropriations of funds by the House of Delegates shall be submitted to the Executive Committee and the Board for their recommendation before final action of the House.

Sec. 6.—At the first meeting the President shall announce the membership of the reference committees, as hereinafter provided for, and any other committees considered by him necessary to expedite the business of the Association.

Sec. 7.—All resolutions to be presented to the House of Delegates for action shall be prepared and mailed to the Executive Secretary of the Association so that he will receive them not later than 45 days prior to the meeting of the House of Delegates to which the resolutions will be presented for action.

Provided, that where a resolution has been first submitted to the Committee on Rules and Order of Business together with a written statement setting forth the reasons why said resolution was not mailed to the Executive Secretary more than 45 days prior to the meeting of the House of Delegates and also setting forth in said written statement the reason why said resolution is of such an emergency nature that it cannot wait until the next meeting of the House, and that said Committee on Rules and Order of Business has approved said resolution for submission to the House, and that each delegate shall be furnished a copy before the next meeting of the House, then this subsection of the Bylaws may be suspended with respect to said resolution upon a two-thirds vote of the House of Delegates.

Sec. 8.—The final vote on any issue calling for changes in dues or in dues structure shall be by roll call vote. Each member's vote shall be permanently recorded and no suspension of this rule will be allowed on the final vote of such an issue.

CHAPTER V.—ELECTION OF OFFICERS

Section 1.—The election of officers shall be the first order of business of the House of Delegates after the reading of the minutes on the last day of the Annual Convention.

Sec. 2.—All elections shall be by ballot, and a majority of the votes cast shall be necessary to elect. In case no nominee receives a majority on the first ballot, the nominee receiving the lowest number of votes shall be dropped and a new ballot taken.

Sec. 3.—Any person known to have solicited votes for or sought any office within the gift of this Association shall be ineligible for any office for two years.

Sec. 4.—The President, President-elect, Treasurer and Assistant Treasurer shall serve from the termination of the annual meeting of the House of Delegates in which the President-elect, Treasurer and Assistant Treasurer are elected until the termination of the succeeding annual meeting of the House of Delegates.

Sec. 5.—The officers of the Association shall be installed by taking the following oath of office to be administered by the out-going President of the Association at the final meeting of the House of Delegates:

Sec. 6.—I, ..., solemnly swear that I shall carry out to the best of my ability, the duties of the office of the Indiana State Medical Association to which I have been elected.

I shall strive constantly to maintain the ethics of the medical profession and to promote the public health and welfare. I shall dedicate myself and my office to improving the health standards of the American people and to do the task of bringing increasingly improved medical care within the reach of every citizen.

I shall uphold the Constitution of the United States of America and of the State of Indiana, the Constitution and Bylaws of the American Medical Assocation and the Constitution and Bylaws of the Indiana State Medical Association at all times.

I shall champion the cause of freedom in medical practice and freedom for all my fellow Americans. To these duties and obligations, I pledge myself, so help me God.

CHAPTER VI.—DUTIES OF OFFICERS

Section 1—The President, or a member designated by him, shall preside at all general meetings of the Association and of the House of Delegates. The President shall appoint all committees not otherwise provided for; he shall deliver an annual address at such time as may be arranged by the Executive Committee, and shall perform such other duties as custom and parliamentary usage may require. He shall be the real head of the profession of the state during his term of office, and as far as practicable, shall visit by appointment the various sections of the state and assist the Trustees in building up the county societies and in making their work more practical and useful.

Sec. 2.—The President-elect's term of office shall be for one year, at the completion of which he succeeds to the presidency. While President-elect, he shall assist the President in the discharge of his duties.

Sec. 3.—The Treasurer shall give bond at the expense of the Association in such an amount as shall be required by the Board. He shall receive all bequests and donations to the Association and shall demand and receive all funds due the Association except accounts due THE JOURNAL in the conduct of its business. The funds of the Association shall be deposited in a depository or depositories designated by the Executive Committee, and withdrawals from such funds shall be made on checks or drafts signed by the Treasurer and the chairman of the Board. He shall present to the House of Delegates annually a report of the receipts and expenditures, and the state of the funds in his hands, and shall subject his accounts to an annual audit by a Certified Public Accountant.

The Assistant Treasurer shall give bond at the expense of the Association in such amount as shall be required by the Board unless he is included in the coverage of a blanket or position bond. In case of death, or incapacity of the Treasurer, he shall succeed to all the duties and rights of the Treasurer until a new Treasurer be elected. In the absence of the Treasurer, he shall attend to the duties and rights of the Treasurer during such absence and he shall also perform such duties of the Treasurer as may be delegated and assigned to him by the Treasurer.

Sec. 4.—The Executive Secretary shall be the directing manager of the Association's headquarters and JOURNAL offices, and shall supervise the work of all salaried employees in the Association offices. Such supervision shall be subject to directives from the House of Delegates, the Board, the Executive Committee, and the President of the Association. He shall discharge the administrative functions of the Association not within the duties of other officers or of committees to perform. He shall assist, at their request, all officers and committees, and shall keep himself informed in regard to non-professional matters affecting the medical profession, for the purpose of keeping himself qualified to perform the services herein mentioned. He shall be responsible for the execution and carrying out of the policies of the Association and in that connection shall perform all specific tasks committed to him by the committees, the Board, and the officers of this Association. The amount of his salary shall be fixed by the Executive Committee on approval of the Board.

Sec. 5.—The necessary expenses of the above officers incurred in the line of duty herein imposed shall be allowed for in the budget, but excepting the Executive Secretary, this shall not include the expenses of attending the Annual Convention.

CHAPTER VII—BOARD OF TRUSTEES

Section 1.—The Board shall meet as follows: 1. The Board shall meet at least once each quarter of the calendar year, the time, date and location to be fixed by the Board. 2. On the day preceding the first day for the scientific meetings of the Annual Convention of the Association. 3. On the last day of the Annual Convention of the Association after the adjournment of the House of Delegates. 4. At such other times as necessity may require, subject to the call of the chairman, or on petition of three Trustees. It shall hold no meeting that will conflict with any meeting of the House of Delegates. It shall elect a chairman, and a clerk, who, in the absence of the Executive Secretary of the Association, shall keep a record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates. It shall organize itself at the meeting following the final session of the House of Delegates by electing its chairman who shall serve for one year. The chairman of the Board shall be elected by secret ballot. The number of terms of the chairman shall be limited to not more than three in succession.

Terms of Trustees shall begin with the first meeting of the Board following the final session of the House of Delegates at the Annual Session.

Sec. 2.—Each Trustee shall be organizer, peace-

maker, and censor for his district. He shall visit the counties in his district at least once a year for the purpose of organizing component societies where none exist; for inquiring into the condition of the profession, and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his work and of the condition of the profession of each county in his district, the same to be published in the number of THE JOURNAL which is issued immediately preceding the Annual Convention. The House of Delegates may take such action, if any, as it deems appropriate upon such reports. The necessary expenses incurred by such Trustee in the line of the duties herein imposed may be allowed by the Board on a properly itemized statement, but this shall not be construed to include his expense in attending the Annual Convention of the Association.

Sec. 3.—The Board shall, through its officers and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall study and strive constantly to make each Annual Convention a stepping stone to future ones of higher interest.

Sec. 4.—The Board shall, in connection with the House of Delegates, consider and advise as to the interests of the profession and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation and to diffuse popular information in relation thereto.

Sec. 5.—The Board shall make careful inquiry into the condition of the profession of each county in the state and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse among physicians of the same locality and shall continue these efforts until every physician in every county of the state who can be made reputable has been brought under medical society influence.

Sec. 6.—The Board shall encourage postgraduate and research work, as well as home study, and shall endeavor to have the results utilized and intelligently discussed in the county societies.

Sec. 7—The Board shall, upon application, provide and issue charters to county societies organized to conform to the spirit of this Constitution and Bylaws.

Sec. 8.—In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be designated by hyphenating the names of two or more counties so as to distinguish them from district and other classes of societies; and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for country societies, until such counties may be organized separately.

Sec. 9.—The Board shall be the Board of Censors of the Association. It shall consider all questions involving the rights and standings of members whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the General or Section Meetings shall be referred to the Board without discussion. It shall hear and decide all questions of discipline affecting the conduct of members of component societies on which an appeal is taken from the decision of an individual Trustee, and its decision in all such matters shall be final.

Sec. 10.—The Board shall provide for and superintend all publications of the Association, and shall have authority to appoint an editor and such assistants as it deems necessary, and fix the amount of their salaries. The proceedings of the Board for the year shall be reported to the House of Delegates at the Annual Convention and be published in the number of THE JOURNAL which immediately precedes the Annual Convention.

Sec. 11.—In the interim between the meetings of this Association, the Board shall be the executive body of the Association, with full power to fill vacancies or transact any business that emergencies or the welfare of the Association may require.

Sec. 12.—The Board shall at its meeting following the close of the House of Delegates elect two members of the Association, at large, or of the Board, who, with the President, the President-elect, the Treasurer, and the chairman of the Board, shall constitute and be known as the Executive Committee. If such members of the Executive Committee be not members of the Board they shall not have the power of vote in the Board.

CHAPTER VIII.—ORGANIZATION OF ACTIVITIES AND RESPONSIBILITIES

Section 1.—The work of the Association, the performance of which is not provided for elsewhere in the Constitution or Bylaws, and is not carried on in the meetings of the Board or if the House of Delegates, or by special committees created by the Executive Committee, the Council or the House of Delegates, shall be performed by the following standing committees and commissions:

The Executive Committee
The Grievance Committee
The Student Loan Committee
The Medical-Legal Review Committee
The Future Planning Committee
The Committee on Sports and Medicine
The Committee of Medicine and Religion
The Commission on Convention Arrangements
The Commission on Constitution and Bylaws
The Commission on Legislation
The Commission on Public Information
The Commission on Governmental Medical Services
The Commission on Public Health

The Commission on Voluntary Health Agencies
The Commission on Medical Economics and Insurance
The Commission on Inter-Professional Relations
The Commission on Medical Education and Licensure
The Commission on Special Activities
The Commission on the Aged and Aging
The Commission on Emergency Medical Services
The Commission on Specialty Medicine

The difference between committees and commissions is shown in the provision of these Bylaws pertaining to their work and composition.

Sec. 2.—Except when otherwise stated in the Bylaws, a committee shall consist of not less than five nor more than nine members and shall be appointed annually by the President. The President shall also appoint the chairman and the vice-chairman of each committee.

Sec. 3.—Each commission will consist of fifteen members appointed by the President, with at least one member from each Trustee district. The original appointees in each commission shall be divided into three groups by lot. The first group shall serve three years; the second, two years; and the third, one year. Thereafter, each incoming President shall appoint five members of each commission to fill the vacancies resulting from the expiration of the terms of members, and such appointments shall be for three years. The President shall also appoint members to fill the unexpired term where any vacancy occurs through death, tion or otherwise. The President shall also appoint the chairman and the vice-chairman of each commission.

Sec. 4.—The President shall have the power, with the approval of the Board, to remove any member of any committee or commission where such member, for any reason, does not or cannot work at attempting to perform the duties pertaining to membership on such committee or commission.

Sec. 5.—Unless otherwise provided in these Bylaws, no member of either a committee or a commission shall serve on the same committee or commission more than two consecutive terms, but this shall not prevent him serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

Sec. 6.—Within sixty days after the meeting of the State Convention, the President will call all commissions and committees into a joint meeting in which he will give a statement of the duties and responsibilities of all committees and commissions, call special attention to any immediate problems confronting the Association, and assign such problems or parts thereof to appropriate committees and commissions. In these meetings the commissions may provide for such subcommittees within the separate commissions as they may deem advisable. Each committee or commission shall have the right to call upon other committees, commissions or members of the profession for counsel and advice with respect to its work.

Sec. 7.—Each committee and commission shall have the privilege and is encouraged to have joint meetings with any like committee or commission of the Auxiliary where such like committee or commission exists, for the purpose of coordinating their activities to make them more effective in the medical service of the public and the intent of the Association.

Sec. 8.—Each committee and commission shall have the duty and responsibility of keeping constantly and currently informed on the matters within the area of its special interest and activity; of studying the conditions within that area with the purpose of finding possibilities of improvement; of finding the best solutions it can to the specific problems referred to it; of contributing in its area to the achievements of the Association as a whole in the protection and improvement of the health of the whole human family and finally of making all its efforts useful by passing on to the Association in the most effective manner possible the results of its studies and activities in its own area of special interests.

Sec. 9.—The President and Executive Secretary shall be *ex officio* members of all the foregoing committees and commissions without voting rights where their inclusion on the committee or commission is not otherwise provided for in these Bylaws.

CHAPTER IX.—THE EXECUTIVE COMMITTEE

Section 1.—The Executive Committee, constituted as provided in Section 12 of Chapter VII of these Bylaws, shall hold its first meeting immediately following the meeting of the Board held at the close of the last meeting of the House of Delegates in the Annual Convention, and shall organize by electing its chairman. Its secretary shall be the Executive Secretary of the Association. It shall meet with the Executive Secretary on the call of the chairman, or of any three members, to plan and execute such work as may be necessary for the welfare of the Association and the conduct of the Executive Secretary's office. It shall have all jurisdiction with respect to medical defense activities of the Association and shall be governed by the rules it adopts concerning that activity and by the Bylaws of this Association. It shall make decisions for the Association, including matters pertaining to THE JOURNAL, during the intervals between the meetings of the Board, and shall report its actions to the Board.

Sec. 2.—It shall prepare a budget for the ensuing fiscal year; and all expeditures of the Association, except those otherwise provided for under the Constitution and Bylaws, shall be governed by the budget. No expense not provided for in the budget or otherwise under the Constitution and Bylaws shall be incurred by any officer, commission or committee. A committee, commission or officer may submit a request for funds to meet unusual expenses not included in the annual bud-

get, and the Executive Committee shall have the power, by a two-thirds vote, to amend the budget to provide such funds.

CHAPTER X.—THE GRIEVANCE COMMITTEE

Section 1.—The Grievance Committee shall be composed of nine physicians, three of whom may be past presidents of the Association, and all of whom shall be appointed by the President. Not more than two physicians shall be appointed from any one Trustee district. No member shall hold any elective office in the State Association during tenure on this committee. Of the nine physicians first appointed, three shall serve for a period of one year; three for two years; and three for three years. Thereafter, three shall be appointed each year for a three-year term to fill the vacancies caused by the expiration of terms. Any vacancy occurring in this committee, other than by expiration of term, shall be filled by an interim appointee to serve the balance of the unexpired term. This committee shall organize itself by electing a chairman, a vice-chairman and a secretary.

Sec. 2.—This provision regarding the constitution of the Grievance Committee shall be construed to mean that the present committee of that name is continued in that position with the terms of its members expiring and new members to be appointed on the basis of this provision being operative and effective as of the dates of their respective original appointments; and it is not to be construed as having the effect of creating a new committee, all of whose members are to be appointed upon this amendment being adopted and becoming effective.

Sec. 3.—In addition to the above provided organization and membership of the committee, the President of the Association shall appoint an accredited psychiatrist as a consultant for the committee, whose tenure of office shall be on an annual basis. The appointment of the psychiatrist may be made from any Trustee district of the Association, irrespective of the membership of the committee including another member or members from the same Trustee district. He shall have the same rights and privileges as other members of the committee except that he shall not have the right to vote.

Sec. 4.—The duties of this committee shall be to receive complaints, appeals or suggestions from physicians or laymen concerning professional conduct. It shall attempt to find the facts regarding any matter brought to its attention, through procedures proper and appropriate to that end, and shall attempt to adjust differences between patients and physicians, and between physicians. It may, if it believes the facts justify such action, cite a member of the Association to the Board of the State Association. It shall, subject to the approval of the Board, draw up a set of rules and regulations governing its procedure and official actions.

CHAPTER XI.—THE COMMISSION ON CONVENTION ARRANGEMENTS

Section 1.—The Commission on Convention Arrangements, with the advice and assistance of the Executive Secretary, shall provide suitable accommodations for meetings of the Association, including the House of Delegates, Board, and of their respective committees, the scientific and technical exhibits, and in conjunction with the Executive Secretary, shall have general charge of all the arrangements. Its chairman shall report an outline of the arrangements to the Executive Secretary of the Association for publication in THE JOURNAL and in the official program, and shall make additional announcements during the session as occasion may require. The arrangements and the character of any and all technical exhibits must meet with the approval of the Executive Committee of the Association.

Sec. 2.—It shall, with the approval of the Executive Committee, prepare a program for scientific work for the Annual Convention in which shall be included the respective programs for section meetings which shall be prepared through cooperation with the officers on the various sections: and it shall, with the approval of the Executive Committee, arrange for scientific exhibits as a part of the Annual Convention.

Sec. 3.—The general, scientific and sectional programs, and the financial arrangements to provide for them must be approved by the Executive Committee before being officially announced.

CHAPTER XII.—THE STUDENT LOAN COMMITTEE

Section 1.—The Student Loan Committee shall be constituted as follows:

(a) The President of Indiana State Medical Association

(b) One Trustee of the Association to be appointed by the President

(c) One general practitioner to be appointed by the President

(d) One specialist to be appointed by the President

(e) The Treasurer of Indiana State Medical Association

(f) The Dean of Indiana University School of Medicine

(g) One of the attorneys of Indiana State Medical Association to be appointed by the President

Sec. 2.—This committee shall have authority to make loans to medical students in accordance with the terms and conditions under which funds are made available for that purpose. The committee shall organize itself at its first meeting following the Annual Convention of the Association, by the election of a chairman and a secretary. The committee shall adopt its own rules and regulations, subject to the approval of the Board. The secretary shall have the duty and responsibility of keep-

ing minutes of all transactions of the committee, and shall file a copy of such minutes, as well as a copy of all papers pertaining to any application or loans, in the Headquarters Office of the Association.

CHAPTER XIII.—THE MEDICAL-LEGAL REVIEW COMMITTEE

Section 1.—The Medical-Legal Review Committee shall consist of three members whose duty it shall be to meet in joint session and work with a similar committee to be appointed by the President of the State Bar Association. This committee of the Medical Association shall function as the medical representatives provided for in the Joint Inter-Professional Code of the State Medical Association and the State Bar Association to carry out the purposes of that Code. Its duties shall be as stated in that Code in the form in effect from time to time as approved by the Association.

CHAPTER XIV.—THE FUTURE PLANNING COMMITTEE

Section 1.—The Future Planning Committee shall consist of nine members to be appointed by the President for terms of three years. Terms shall be staggered so that three members' terms expire each year; at the first, three members shall be appointed for one year, three for two years and three for three years. Thereafter all appointments shall be for a period of three years. The President, President-elect, chairman of the Board, Chairman of the Executive Committee and Editor of THE JOURNAL shall be ex officio members. The membership should be varied, according to experience, age, size of local county medical society and geographical area. At least one-third to one-half should be in the age group who would be in practice in the future contemplated, that is ten to twenty years distant.

Sec. 2.—The function of this committee shall be to study and anticipate future trends and to stimulate the various commissions in coordinated directions so there is concord to the entire operation of Indiana State Medical Association. It is not contemplated that it be an operational committee.

CHAPTER XV.—THE COMMISSION ON CONSTITUTION AND BYLAWS

Section 1.—The Commission on Constitution and Bylaws shall keep in contact with the developments and changes in procedures in carrying on the work of this Association; shall suggest revisions necessary to keep the Constitution and Bylaws always in accord with the practices and procedures best adapted to the functioning of the Association; and shall keep the practices and procedures of the Association consistent with the provisions from time to time contained in the Constitution and Bylaws—to the end that all members of the profession, by reference to the Constitution and Bylaws, may be able to obtain accurate information regarding procedure and practice within the Association, and that hampering of such procedure and practice by obsolete provisions in the Constitution and Bylaws may be avoided.

CHAPTER XVI.—THE COMMISSION ON LEGISLATION

Section 1.—The Commission on Legislation shall study all legislation, both state and national, and all local legislative trends and movements, as to their effect upon the practice of medicine and the protection of the public health; shall keep the profession informed at all times concerning the matters within its area of responsibility; shall conduct investigations of legislative proposals; and shall maintain liaison with members of the State Legislature and of the United States Congress, and with the legislative activities of the American Medical Association. It shall strive to implement and make effective the legislative proposals adopted by the Association.

CHAPTER XVII.—THE COMMISSION ON PUBLIC INFORMATION

Section 1.—The Commission on Public Information shall collect and organize for dissemination to the public all matters of public interest within the field of medicine, including the activities of other commissions in which the public interest would be involved, and including also the achievements in the advancement of medicine which would be of interest to the public; shall disseminate all such information through the use of whatever media the commission may find adaptable to that purpose so that such information may be brought to the public in the most effective and convincing manner; and shall develop and maintain the relations of the medical profession with the public in such a way as to give the lay public a better knowledge and understanding of the aims, objects and value of the profession to the public.

CHAPTER XVIII.—THE COMMISSION ON GOVERNMENTAL MEDICAL SERVICES

Section 1.—The Commission on Governmental Medical Services shall concern itself and assume special responsibility in obtaining information and giving counsel and advice to the Association with respect to all matters in which medical service comes into contact with any existing or proposed functions of government, including civil defense, rehabilitation of persons handicapped by abnormality or disease, medical service in welfare departments, maternal and child health programs sponsored through governmental agencies, medical care of military manpower, plans and programs for medical care of veterans, medical care for dependents of those in uniformed services of the government, plans and programs of the government for medical care now existing or which may hereafter be adopted by any special group, government programs for elimination of venereal disease and other communicable diseases, and all programs and plans for medical care to be provided through municipal, state or federal governments.

CHAPTER XIX.—THE COMMISSION ON PUBLIC HEALTH

Section 1.—The Commission on Public Health shall assemble and study information regarding industrial medical practice, rural health, preventive medicine, placement of physicians, traffic safety, conservation of hearing and vision; and shall bring such information, and the possibility of progress and advancement in such fields, to the attention of the medical profession, with suggestions for improvements as the commission finds such possibilities.

CHAPTER XX.—THE COMMISSION ON VOLUNTARY HEALTH AGENCIES

Section 1.—The Commission on Voluntary Health Agencies shall maintain liaison between all voluntary health agencies and the Association; shall study and counsel in regard to planning all educational and other activities of such agencies; and shall keep the Association fully informed at all times regarding present and contemplated programs of these agencies.

CHAPTER XXI.—THE COMMISSION ON MEDICAL ECONOMICS AND INSURANCE

Section 1.—The Commission on Medical Economics and Insurance shall study and improve forms used in medical and hospital insurance; shall continuously be interested in all types of plans for prepayment of medical and hospital expense, and for provision for medical and hospital service through all types of group activity; shall maintain liaison with labor with respect to labor's problems involving medical and hospital care, and Workmen's Compensation problems; and shall seek improved solutions of professional liability or malpractice problems, tax problems in relation to medical practice, and problems involving physician retirement plans.

CHAPTER XXII.—THE COMMISSION ON INTER-PROFESSIONAL RELATIONS

Section 1.—The Commission on Inter-Professional Relations shall study to find all the best methods of maintaining on the highest and most satisfactory levels physicians' professional relations with hospitals, nurses, dentists, pharmacists, pharmaceutical manufacturers, veterinarians, nursing homes, and all other professional groups with which the practice of medicine comes into contact.

CHAPTER XXIII.—THE COMMISSION ON MEDICAL EDUCATION AND LICENSURE

Section 1.—The Commission on Medical Education and Licensure shall maintain liaison with, and try to be of assistance to, medical schools and the licensing board; and shall keep in contact with, and endeavor to assist in improving, undergraduate education, postgraduate education, intern training, resident training, preceptor instruction, and public school health education.

CHAPTER XXIV.—THE COMMISSION ON SPECIAL ACTIVITIES

Section 1.—The Commission on Special Activities shall organize and promote support for the American Medical Education Fund, assistance to physicians, blood banks, and all miscellaneous activities not falling within the area of responsibilities of other commissions or committees.

CHAPTER XXV.—THE COMMISSION ON THE AGED AND AGING

Section 1.—The duties of this commission shall be to study, investigate, and make recommendations to the Association in the areas falling within the question of the aged and aging, including medical care programs, medical care insurance, rehabilitation, and preventive medicine.

CHAPTER XXVI—THE COMMISSION ON EMERGENCY MEDICAL SERVICES

Sec. 1.—The Commission on Emergency Medical Services constituted as provided herein shall have as its purpose the survey, planning and evaluation of emergency medical services to insure that the medical profession will guide and influence the services for the greatest benefit and protection of the public.

CHAPTER XXVII—THE COMMITTEE ON SPORTS AND MEDICINE

CHAPTER XXVIII—THE COMMITTEE ON MEDICINE AND RELIGION

CHAPTER XXIX—THE COMMISSION ON SPECIALTY MEDICINE

CHAPTER XXX—REFERENCE COMMITTEES

Section 1.—Immediately after the organization of the House of Delegates at each Annual Convention, the President shall announce the membership of the reference committees to serve during the convention for which they are appointed. Appointments to these reference committees shall be made by the President in time for them to be published in THE JOURNAL and the Handbook prior to such Annual Convention.

The President shall have the power to appoint substitutes from among the members present for absent appointees.

Each committee shall consist of five members, at least three of whom shall be members of the House of Delegates. The chairman shall be named by the President from among those who are members of the House of Delegates. To these committees shall be referred all reports, resolutions, measures and propositions presented to the House of Delegates, except such matters as properly come before the Board, and the recommendations of these committees shall be submitted to the next meeting of the House of Delegates for acceptance in the original or modified form or for rejection.

Sec. 2.—Four or more Reference Committees designated by numerals are hereby constituted to which all matters shall be referred, at least one of which shall be organized for the sole purpose of studying the addresses of the president; president-elect; report of the executive secretary; and chairman of the Board of Trustees. This committee shall be mandated to translate recommendations made by these officers through resolutions for presentation to the House.

Where a report, resolution, measure, or proposition deals with more than one subject matter, reference thereof may, in the discretion of the President, be made (a) to as many reference committees as are necessary to cover all subjects included therein; or (b) to only one reference committee which the President deems has within the scope of its reference the most important part of the matter referred.

No report of any reference committee shall be rejected on the ground that it covers something not included in the matters which such committee was created to consider.

Sec. 3.—The time and place of meetings of all reference committees shall be publicly posted, and all meetings of all reference committees shall be open to all members of the Association.

Officers and chairmen of all committees whose reports are referred to reference committees shall have the right to appear and be heard before the respective committees to which such references are made, in regard to their reports.

CHAPTER XXXI—COUNTY SOCIETIES

Section 1.—All county societies now in affiliation with this Association or those which may hereafter be organized in this state, which have adopted principles of organization not in conflict with this Constitution and Bylaws, shall, on application receive a charter from and become a component part of this Association. The acceptance or retention of this charter shall be regarded as a pledge on the part of said component society to conduct itself in harmony with the letter and spirit of this Constitution and Bylaws and other rules and resolutions of this Association.

Sec. 2.—Charters shall be issued only upon approval of the Board and shall be signed by the President and Executive Secretary of this Association. The Board shall have authority to revoke the charter of any component society whose actions are in conflict with the letter and spirit of this Constitution and Bylaws.

Sec. 3.—Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the Trustee for the district if necessary, and all of the members brought into one organization. In case of failure to unite, an appeal may be made to the Board, which shall decide what action shall be taken.

Sec. 4.—Each county society shall be judge of the qualifications of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who holds a degree of Doctor of Medicine, a degree of Bachelor of Medicine or who holds a valid, unrestricted license to practice medicine and surgery, and who does not practice or claim to practice, nor lend his support to, any exclusive system of medicine, shall be eligible for membership. Provided, however, that each county society may deny membership in such society for infraction or violation of any law relating to the practice of medicine or of the Constitution and Bylaws of such society, the Constitution and Bylaws of the Indiana State Medical Association or for a violation of the Principles of Medical Ethics of the Indiana State Medical Association; and may, after due notice and hearing, censor, suspend or expel any member for any such infraction. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every physician in the county to become a member.

Sec. 5.—Any physician who may feel aggrieved by the action of the society of his county in refusing him membership, or in suspending or expelling him, shall have the right to appeal to the Board, and its decision shall be final.

Sec. 6.—In hearing appeals the Board may admit oral or written evidence as in its judgment will best and most fairly present the facts, but in case of every appeal, both as a board and as individual Trustees in district and county work, efforts at conciliation and compromise shall precede all such hearings.

Sec. 7.—When a member in good standing in a component society moves to another county in this state, his name shall be transferred without cost to the roster of the county society into whose jurisdiction he moves, provided the transfer is approved by majority vote of the membership of said society to which the transfer is proposed.

Sec. 8.—A physician who has the major part of his practice in a county other than the county in which he resides may hold his membership in the county society of his residence or in the county society of the county in which he has the major part of his practice. However, no physician shall hold active membership in more than one county society at the same time.

Sec. 9.—Each component society shall have general direction of the affairs of the profession in its county, and its influence shall be constantly exerted for bettering the scientific, moral and professional status of every physician in the county; and systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified and honorable physician in the county.

Sec. 10.—At the annual business meeting for election of other officers, in advance of the Annual Convention of this Association, each county society shall elect delegates and alternates to represent it in the House of Delegates of this Association, and the secretary of the society shall send a list of such delegates and alternates to the Executive Secretary of this Association annually on or before February 1.

Sec. 11.—The secretary of each component society shall keep a roster of all its members and of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this state, and such other in-

formation as may be deemed necessary. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

The secretary of each component society shall prepare and send to the Trustee of his district a quarterly report briefly stating the activities of his county society including meetings, programs, changes in officers and personnel of membership. A copy of this quarterly report to the Trustee shall also be sent to the Executive Secretary of the State Association. The State Association shall supply each county secretary a form for these reports.

Sec. 12.—The fiscal year of the Association shall be from October 1 to September 30 of the succeeding year. The dues shall be collected by the calendar year and payable in advance.

Unless collected by the Indiana State Medical Association, the secretary of each component society shall forward the dues for his society to the Executive Secretary of this Association and shall furnish the State Association Headquarters with a roster of officers, members and a listing of non-affiliated physicians of the county, on or before January 1 of each year, and he shall promptly report thereafter the names of any new members elected to membership in his society, and promptly forward to the Executive Secretary of this Association the dues for such members.

The dues shall be the same for all members and entitle the members to all benefits, including the publications of this Association, from the time of paying the dues to the close of the year only. Provided, however, that physicians elected to their first membership in this Association during the first six months of any year shall pay the regular annual dues for that year; and those elected to their first membership after July 1 of any one year shall pay fifty percent of the annual dues as dues for the remainder of that year. Interns and residents shall pay $15.00 a year annual dues during their term of service in the hospital.

In the event the county society remits a member's dues on account of financial hardship, the secretary of the county medical society shall recommend in writing to the Trustee of his district the remission of the State Association dues of said member of the society, showing why such recommendation should be granted. The Trustee in turn shall present the recommendation to the Board, which shall have the power to remit such dues.

Sec. 13.—Any county society which fails to pay its dues or make the report required by February 1 of each year shall be held suspended, and none of its members or delegates shall be permitted to receive any of the publications of the Association or participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Sec. 14.—Each county society shall be held responsible for the faithfulness in the performance of duty on the part of its secretary in making reports and remitting dues to the Association.

Sec. 15.—Each component society shall have its own Constitution and Bylaws, which shall not be in conflict with the Constitution and Bylaws either of this Association or of the American Medical Association. An up-to-date copy thereof shall be filed with the Executive Secretary of the Indiana State Medical Association not later than May 1 of each calendar year, or where such copy is so on file and no change has been made, then it shall be sufficient to file a certificate to that effect with said Executive Secretary.

CHAPTER XXXII—TRUSTEE DISTRICT MEDICAL SOCIETIES

Section 1.—A Trustee District Medical Society hereinafter called the district society, shall be a society whose members consist of the members of the county medical societies in the counties which constitute the Trustee district.

Sec. 2.—The state shall be divided into thirteen (13) Trustee districts with the boundary lines and numbers of each district to be as follows:

First District—Posey, Vanderburgh, Warrick, Spencer, Perry, Pike and Gibson Counties.

Second Distict—Knox, Daviess, Martin, Monroe, Owen, Greene and Sullivan Counties.

Third District—Dubois, Crawford, Harrison, Floyd, Clark, Scott, Washington, Orange and Lawrence Counties.

Fourth District—Jackson, Jennings, Jefferson, Switzerland, Ohio, Dearborn, Ripley, Decatur, Bartholomew and Brown Counties.

Fifth District—Clay, Vigo, Vermillion, Parke and Putnam Counties.

Sixth District—Shelby, Rush, Fayette, Franklin, Union, Wayne, Henry and Hancock Counties.

Seventh District—Morgan, Johnson, Marion and Hendricks Counties.

Eighth District—Madison, Delaware, Randolph, Jay and Blackford Counties.

Ninth District—Fountain, Montgomery, Boone, Hamilton, Tipton, Clinton, Tippecanoe, Warren, Benton, White and Newton Counties.

Tenth District—Jasper, Porter and Lake Counties.

Eleventh District—Carroll, Howard, Grant, Huntington, Wabash, Miami, and Cass Counties.

Twelfth District—Wells, Adams, Whitley, Allen, Noble, DeKalb, LaGrange and Steuben Counties.

Thirteenth District—Pulaski, Fulton, Kosciusko, Marshall, Starke, LaPorte, St. Joseph and Elkhart Counties.

Sec. 3.—Each district society shall adopt a Constitution and Bylaws, which shall not conflict with the Constitution and Bylaws of the State Association, and only one district society shall exist within any one Trustee district. The authorized district society in each Trustee district shall receive a charter from the State Association, and the secretary of the district society shall have custody of the charter.

Sec. 4.—Each district society shall organize by electing a president, a secretary and a treasurer and Trustee(s) and Alternate Trustee(s) as the current Trustee(s) term and Alternate Trustee(s) term for the district expires, and such others as may be provided for in its Constitution and Bylaws. The office of secretary and treasurer may be held by the same physician. The Trustee(s) shall continue to have the same duties and terms as are set forth in the Constitution and Bylaws of this Association.

Sec. 5.—Each district society shall have one Trustee and one Alternate Trustee for each 600 active members or major fraction thereof but in any event each district shall have one Trustee and one Alternate Trustee. The term of each trusteeship newly created by the numerical growth of a district shall begin at the organization meeting of the Board immediately following the adjournment of the second meeting of the House of Delegates at the next annual meeting, in accordance with Chapter VII, Section 1.

Sec. 6.—The dues of the district society, in an amount fixed by the district society to meet the society needs, shall be collected by the secretaries of the component county societies, or by the Indiana State Medical Association and delivered to the treasurer of the district society. The secretary of each district society shall report to the office of the Indiana State Medical Association the names and addresses of the members of his district society, together with a copy of the minutes of each meeting of his district society.

Sec. 7.—Each district society shall meet at least once each year at a time and place to be fixed by the district society. On or before January 1 of each year each district society shall notify the headquarters of the State Association of the time and place of the annual district meeting for that year; but if no such notification has been received in the headquarters on or before the January meeting of the Board, the Trustee shall fix the time and place of the district meeting, and notice of such meeting shall be sent to the members of the county medical societies in such district.

Sec. 8.—Whenever a district society is to elect a Trustee and/or Alternate, the headquarters office of the State Association shall so notify the individual members of such district society not later than the first of March of the year in which the election is to occur.

Sec. 9.—The district society shall send to the headquarters office of the State Association a copy of its program showing the time and place of its meetings, early enough that the headquarters office may notify all members within the district of the meeting at least thirty (30) days prior to the date thereof.

Sec. 10.—It shall be the duty of each district medical society to select in any manner it chooses a member from its district to serve a term or fill an unexpired term on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield). Notice of such selection shall be immediately transmitted to the Board of Trustees of the Indiana State Medical Association which will officially place said selected member in nomination for election to said Board of Directors.

However, no member selected or nominated to serve on the Board of Directors of Mutual Medical Insurance, Inc., (Blue Shield) shall serve for more than two consecutive terms, each term being limited to three years, but this shall not prevent him from serving more than two terms if the term of another member intervenes. The time given to the serving of an unexpired term shall not be considered in determining the period within which a member may serve consecutively.

CHAPTER XXXIII—MISCELLANEOUS

Section 1.—The deliberations of this Association shall be governed by parliamentary usage as prescribed in the current edition of Sturgis Standard Code of Parliamentary Procedure, when not in conflict with this Constitution and Bylaws.

Sec. 2.—The Principles of Medical Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

CHAPTER XXXIV—MEDICAL DEFENSE

Section 1.—One dollar and twenty-five cents ($1.25) out of the annual dues of each member of the Association shall be set aside as a special fund for medical defense.

Sec. 2.—The administration of medical defense of this Association shall be intrusted to the Executive Committee, which shall constitute the Medical Defense Committee of the Association.

Sec. 3.—This committee shall have full authority governing all matters pertaining to this Chapter. In order to secure to any physician sued or against whom claim is made a fair and full presensation of his defense, the committee shall have power to enter into an agreement with such physician to furnish to him funds with which to employ and pay one attorney of his choice and such other expenses as the committee may approve as necessary to a fair and full presentation of his defense. Provided, always, that the attorney selected by the physician must be of good reputation and standing in his profession and the terms of employment, including the fees to be paid, must be approved by the committee in each case in advance of such agreement. Provided, further, that the Executive Committee shall set a limit to the amount which may be so expended in connection with any one claim or case.

Sec. 4.—The Treasurer of the Indiana State Medical Association shall be custodian of the defense fund, separately kept, and shall give such additional bond as may be demanded by the Medical Defense Committee. Payments out of this fund shall be made only upon approval of the Executive Committee, by checks signed by the Treasurer and the chairman of the Board.

Sec. 5.—The Medical Defense Committee shall make an annual report to the House of Delegates of the cases in which it has been of service to members and furnish an account of the money received and expended, such report to be published in THE JOURNAL of the Indiana State Medical Association at the time and in the manner that reports of other committees of the Association are published.

Sec. 6.—This Association shall not be liable for any damage awarded, but shall be liable only for such expenses for the legal defense of its members as may be incurred in accordance with the terms of these Bylaws.

Sec. 7.—The Association shall not undertake the defense of a member in any case in which the member who applies for medical defense by the Association has failed to pay his annual dues for the year in which services were rendered which are the basis of the suit; and medical defense by the Association shall not be available in any suit based on services rendered during any period of delinquency in the payment of dues. Dues are payable on January 1, and become delinquent on February 1 of each year. The membership card of this Association, duly signed and dated by the Executive Secretary, shall be considered the only *bona fide* evidence of payment of dues or membership in this Association.

The Indiana State Medical Association shall in no case provide medical defense against any action for alleged malpractice against any physician unless such physician was a member of this Association in good standing at the time the services, which are the basis of the suit, were rendered.

Sec. 8.—A member desiring to avail himself of the services of the Medical Defense Committee in connection with litigation brought or threatened must send to the Executive Secretary of the Association for an application blank. After completing the data concerning the case he shall submit to a local committee of his county medical society—to be composed of the president, secretary and one other member in good standing who may be nominated by the defendant—a full statement of the question at issue, including the diagnosis and treatment of the case and the names of physicians, nurses and other persons having knowledge of the same, who may be summoned as witnesses.

Sec. 9.—The committee of the county medical society shall immediately, after an investigation of all the circumstances and facts, transmit its report, with recommendations, to the Medical Defense Committee of this Association.

Sec. 10.—In the event that the county committee shall fail to recommend the case as one worthy of the recognition of this Association, a direct appeal may be made to the Medical Defense Committee of this Association, whose decision shall be final.

Sec. 11.—Suits brought against the estate of a deceased member shall be defended as if that member were alive; provided that such member was in good standing in the Association at the time of his death and that services for which indemnity is asked were rendered while the deceased was a member in good standing.

Sec. 12.—Medical defense shall not be available to members living outside of the State of Indiana at the time services were rendered for which indemnity is claimed.

Sec. 13.—The Medical Defense Committee shall have power to adopt such other rules, not in conflict with the foregoing, as in their judgment may seem necessary.

Sec. 14.—Medical defense as provided for by this Association shall be available to members under the terms stated in these Bylaws only in the defense of civil action for alleged malpractice, and shall not be available if such alleged malpractice occurred when the member was under the influence of any intoxicant or narcotic while rendering the service in question.

CHAPTER XXXV—DIVISION OF FEES

This Association does not countenance or tolerate fee-splitting, division of fees, or commission paying directly or indirectly, and any member found guilty shall be expelled from membership.

CHAPTER XXXVI—INVESTMENT OF SURPLUS FUNDS

Section 1.—The investment of all surplus funds of this Association shall be under the direct control and management of the Executive Committee subject to instructions in regard thereto which may be given by the Board at its option. The Executive Committee shall have the right and is encouraged to obtain the advice and counsel of the investment departments of any bank or trust company of Indianapolis in regard to the discharge of the duties covered by this chapter of the Bylaws.

CHAPTER XXXVII—AMENDMENTS

Section 1.—These Bylaws may be amended at any Annual Convention by a majority vote of all the delegates present at that convention, after the amendment has lain on the table for one day.

Sec. 2.—Upon the adoption of this Constitution and Bylaws all previous Constitutions and Bylaws are hereby repealed.

Principles of Medical Ethics of the American Medical Association

"PREAMBLE"

"These principles are intended to aid physicians individually and collectively in maintaining a high level of ethical conduct. They are not laws but standards by which a physician may determine the propriety of his conduct in his relationship with patients, with colleagues, with members of allied professions, and with the public.

"Section 1.—The principal objective of the medical profession is to render service to humanity with full respect for the dignity of man. Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.

"Section 2.—Physicians should strive continually to improve medical knowledge and skill, and should make available to their patients and colleagues the benefits of their professional attainments.

"Section 3.—A physician should practice a method of healing founded on a scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.

"Section 4.—The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence. Physicians should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession.

"Section 5.—A physician may choose whom he will serve. In an emergency, however, he should render service to the best of his ability. Having undertaken the care of a patient, he may not neglect him; and unless he has been discharged he may discontinue his services only after giving adequate notice. He should not solicit patients.

"Section 6.—A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.

"Section 7.—In the practice of medicine a physician should limit the source of his professional income to medical services actually rendered by him, or under his supervision, to his patients. His fee should be commensurate with the services rendered and the patient's ability to pay. He should neither pay nor receive a commission for referral of patients. Drugs, remedies or appliances may be dispensed or supplied by the physician provided it is in the best interests of the patient.

"Section 8.—A physician should seek consultation upon request; in doubtful or difficult cases; or whenever it appears that the quality of medical service may be enhanced thereby.

"Section 9.—A physician may not reveal the confidences entrusted to him in the course of medical attendance, or the deficiencies he may observe in the character of patients, unless he is required to do so by law or unless it becomes necessary in order to protect the welfare of the individual or of the community.

"Section 10.—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community."

Association News

BOARD OF TRUSTEES

January 31, 1971

The Board of Trustees of the Indiana State Medical Association convened at 9:00 a.m. in the Headquarters Building with Dr. Joe Dukes, chairman, presiding.

District	Trustee	
1	G. M. Wilhelmus	Present
2	Joe Dukes	Present
3.	Eli Goodman	Present
4	Robert Reid	Present
5	Wilbert McIntosh	Present
6	Stephen D. Smith	Present
7	James H. Gosman	Absent
7	Dwight Schuster	Present
8	Richard Ingram	Present
9	William Sholty	Present
10	Vincent Santare	Absent
11	Lowell J. Hillis	Present
12	William Clark	Present
13	Otis R. Bowen	Present

District	Alternate	
1	Raymond N. Newnum	Absent
2	Betty Dukes	Absent
3	E. L. Wallace	Absent
4	Jack Shields	Present
5	C. M. Schauwecker	Present
6	Paul M. Inlow	Absent
7	John O. Butler	Present
7	Joseph C. Kerlin	Absent
8	Robert Williams	Absent
9	Lindley Wagner	Absent
10	Thomas Tyrrell	Absent
11	James Harshman	Present
12	Frederic Schoen	Absent
13	G. Beach Gattman	Absent

Officers:

Malcolm O. Scamahorn, president	Present
Peter R. Petrich, president-elect	Present
Lester H. Hoyt, treasurer	Present
Hugh Thatcher, assistant-treasurer	Present
Frank B. Ramsey, editor, *The Journal*	Present

Executive Committee:

Donald M. Kerr	Present
Wilbert McIntosh	Present

Delegates and Alternate Delegates to AMA:

Don E. Wood	Present
Eugene Senseny	Absent
Frank Green	Absent
John S. Farquhar	Absent
Jack Shields	Present
James A. Harshman	Present
Eugene Rifner	Absent
Kenneth Neumann	Present
Patrick J. V. Corcoran	Absent
Thomas Tyrrell	Absent

Guests:

Andrew C. Offutt	Present
Richard Kilborn	Present
Maynard Johnson	Present
Guy Owsley	Absent
Joe M. Black	Present
Lowell H. Steen	Absent
Robert L. Parr	Present

County Society Executive Secretaries:

Larry Pickering	Present
Polly Dent	Absent
Harry C. Davis	Absent
Wm. L. Purcell	Absent
John B. Twyman	Absent
Arthur Loftin	Absent
Carole Rust	Absent

Staff:

Robert Amick	Present
Howard Grindstaff	Present
John Walters	Present
Kenneth W. Bush	Present
James A. Waggener	Present

Minutes of Meetings Held November 14 and 15

On motion duly made and seconded, the minutes of the meeting held November 14 and 15 were approved with the following corrections: In the minutes of the Executive Session the name of Dr. Wilhelmus is to be inserted instead of Dr. Hoyt as Chairman of the Finance Committee.

On page two of the November 14 minutes the correction is to be made that Dr. Simenstad is from Wisconsin and not Pennsylvania.

Report of Dr. Robert L. Parr

Dr. Robert L. Parr appeared before the Board at the request of Dr. Hillis to discuss proposed legislation on Feedlots and Environmental Control. Dr. Parr explained several features of the bill and several recommendations which he felt should be made in the way of amending these bills.

The Chairman thanked Dr. Parr for his presentation and announced that Dr. Gosman and Dr. Santare reported they would not be able to attend the meeting today and that Dr. Steen had been requested to take the place of Dr. Santare but due to illness of his wife he would not be present.

CHAIRMAN: We will now hear the report of Mr. Maynard Johnson, our SAMA representative.

Mr. Johnson announced that the big project of SAMA at the present is the MECO project. He reported that the Hospital Association had approved the program as had the ISMA and that they are currently sending letters to the hospitals announcing this program. As soon as they hear from the hospitals they propose to set up the program in a manner which the hospitals will approve. He also announced they will attend the national convention which will be held in St. Louis in May of 1971, saying the main topics of discussion at the national convention will be Peer Review, National Health Insurance and Re-licensure.

CHAIRMAN: Thank you, Mr. Johnson. We will now move to reports of officers.

DR. SCAMAHORN: I would like to give you a copy of a news report concerning my discussion before the Dental Association. The statement, as usual, is correct in what it says but it did not quote my entire sentence. I call it to your attention because, as trustees, you may have gotten some "flak" from some of your members who may have read this article in the Indianapolis paper.

In my report to you at the last meeting in November, I had attended a total of 35 meetings in 22 days. The highlight, in my opinion, was the County Society Officers Conference which was very well attended and I think everyone went away feeling that their day was well spent. I think the speakers did an excellent job and I want to take this opportunity to highly commend Dr. Bowen for his excellent presentation.

Dr. Bannon, Jim and I met with the officials of the Bar Association and I think we have been able to generate some real interest on their part in cooperating with the State Medical Association. We found the officers were not aware of the Medical-Review Committee, a joint committee which has been in existence for many years and they will immediately name representatives to this joint committee. The officers of the Bar Association also expressed interest in our proposed meeting to be held March 24th with hospital chiefs of staff, administrators and trustees and would like to join us for this meeting. They felt that 200 to 300 lawyers would attend such a meeting. However, we have a little hangup, inasmuch as the Hospital Association, at this point, has voiced objection to including the lawyers in this session.

The Leadership Conference was, in my opinion, very good. This was the first performance of this new service of the AMA and they were very self critical of their presentation. I personally thought they did an excellent job and would suggest if you ever have an opportunity to take it, it is a most enlightening experience and I think your time would be well spent.

Another highlight since November was my visitation to six county medical societies. I met at breakfast, luncheon and an evening meeting with members of these societies and I am very happy to report 100% attendance at all these meetings. The only absentees were either in Florida on vacation or they were ill. Dr. Clark accompanied me to all six counties in his district. Dr. Manning joined us for two of the meetings and Dr. Hillis joined us for a meeting in Huntington. While the experience was very worthwhile from my standpoint, and, I hope, proved of some benefit to the county societies, such a rough schedule is very tiring, I assure you, to meet this many doctors and field their questions about ISMA, but I feel it is worthwhile.

I would even suggest that we try over a period of two or three years for the state president to go to each and every county to meet with members in those societies. It could be done. It would be a lot of work but our members seemed to appreciate the fact that a president takes time to visit with them and discuss local problems. Comments were made to me that this was the first time they could remember when a president of the ISMA had visited with the doctors at the local level. In addition to this, the publicity received from the local newspapers was very good.

This, Mr. Chairman, completes my report.

The relationship with the Bar Association was discussed by Dr. Schuster, who pointed out that resolution 70-10, which Dr. Ingram and he were to follow, dealt with liability suits and pre-trial investigation, and he expressed the opinion that it was very doubtful they would be able to carry out the mandate to prepare legislation on this subject for this session.

DR. SCAMAHORN: I agree with you totally but I think this meeting is only the beginning before constructive effort between the Bar and our association.

While I am on my feet, I failed to mention that you will be handed today a copy of a report on the Retreat held this last September at French Lick attended by faculty, medical students and representatives of this association. I would like to ask the Board at this time to approve that we proceed to plan for another one. The cost last year was around $600 to the association. We pick up the expenses of our representatives and half the students' expenses with the balance being picked up by the University.

On motion duly made and seconded, the planning for the Retreat in 1971 was approved.

On motion duly made and seconded, the motion was amended that each one of the trustees review the report and then decide on the format for the 1971 meeting. The amendment was approved.

DR. HILLIS: With reference to Dr. Parr's report, I would like to move that we concur in Dr. Parr's report and we go on record as being for the proposal outlined in his report. The motion was seconded by Dr. Clark, put to vote and carried.

DR. SCAMAHORN: One other thing, we are going to have a meeting of the officers of the Specialty Societies to discuss the formation of the Commission on Specialties. At the previous meeting they asked specifically what the association would do financially in assisting their development of scientific programs. I was advised by the Executive Committee rather than make a specific allowance that they submit their proposed speakers and estimated cost of obtaining them and that this be reviewed by the Executive Committee and approved or disapproved rather than making a flat amount available to them at this time. Is this agreeable?

The last thing—RMP has asked me for names for an Advisory Committee on what RMP is doing and also two names for a committee on surveys. Do you have any men who are interested in working on these projects? If so, will you see me privately today.

DR. INGRAM: This thing is in limbo right now. We have voted to divorce ourselves from the Indiana RMP. Now we voted to reconsider, pending the meeting of the Executive Committees of ISMA and RMP, which was accomplished. The meeting was accomplished and that was all. I think this is an appropriate time to reconsider.

DR. SCAMAHORN: We are going to discuss it so let's hold the discussion until it comes up.

DR. CLARK: I certainly want to thank our president for coming to our district. He did a tremendous job. We visited five of the counties, as he has already told you, on split timing and I have certainly received a lot of fine comments from the members of these counties in my district. These physicians have never seen a president before. Dr. Cameron said he has been a member of ISMA for 60 years in Angola and there has never been a president of the Indiana State Medical Association come to that county.

DR. HILLIS: I would also like to comment upon the president's tour. This thing was covered beautifully by the press and here is just one of the articles I picked out of the local paper.

DR. PETRICH: Speaking of the press, Dr. Schuster is also in line for commendation for appearing about the Methadone treatment program which the state association is pushing. I feel like Malcolm, I just keep on the move. I am not a "W-W" man any more on Wednesdays at home. I will only take the time today to report on an interim basis the activities of the Ad Hoc Committee on Physician's Assistants. It is a pleasant surprise to find out there are a lot of people who are interested and knowledgeable in this particular area and who have not been very active in doing anything but have been waiting on ISMA to take the lead and assume the responsibility of developing this program. We are involved in discussing the need for assistants and what they will do, what legislation is necessary regarding certification and licensure. I have a letter from a physician's assistant who is now in practice in this state and one of the problems, we thought, was a problem of liability coverage; but this individual points out that he has his own liability insurance with St. Paul and this covers him as long as the work he does is under the supervision of the physician for whom he works. I hope to be able to report something more definite about any possible program which can be presented to you for your consideration and approval, some type of a pilot program which may take place after our February 3rd meeting. Thank you very much.

DR. SCAMAHORN: I forgot one thing. That is the Teen Health Happening. The State Fair buildings are not available for a consecutive two-day basis from now throughout the rest of the year without conflict with school activities. Therefore, in accordance with resolution 70-10, I am recommending to the Board of Trustees that the Teen Health Happening not be held during my tenure of office and that the money allotted be held for the time when such a thing would be held. I ask that this report be made a matter of record. I do not think you need to take any action, as the responsibility was left to me.

CHAIRMAN: We will now hear the report of Dr. Hoyt, our treasurer.

DR. HOYT: I have just passed out to you the first results of our new computer program. As you can see, there is a great deal more information on it and I think we will be pleased with it. The first page is about the same format we have had in the past. Some of you may wonder why we have so much money in the checking account.

This is the money for distribution to the districts and county societies and this will vanish as soon as the checks are written and cleared. The next one, the green one, is investments and you can see that our Johnson fund is doing well. We bought it @ $22.18 and it closed out the

year @ $19.29 and it is now $21.02. The next page reflects our long term treasury bonds and, as you can see, the '72s are getting pretty close to face value at this time.

The next page, labeled Schedule 2, shows the income and expenses for the three months of October, November and December. Unfortunately we do have a deficit for each of these months. The accumulated deficit is now $35,000 — about the same as last year. With the dues coming in for '71 in January, this should work itself out.

Schedule 3 is an analysis of the receipts and I have no special comments on this.

Schedule 4 is an analysis of the expenditures. This is a summary sheet and each line item on Schedule 4 has reference to future schedules. Each of these then is broken down in the following schedule. There is a typographical error on Schedule 6. "Office and Board" should be "Officers and Board."

Schedule 9 is *The Journal* fund which is explained as operating in the red and there are some errors in this report which will be corrected in the future. I move, Mr. Chairman, that this report be accepted. The motion was duly seconded, put to vote and carried.

CHAIRMAN: I recommend the Committee on Fiscal and Financial Matters and applaud them for such detailed reports. I like them very much.

DR. RAMSEY: I have no report at this time.

CHAIRMAN: We will now hear from Dr. Wood, who will give the AMA Delegates' Report.

DR. WOOD: I have been requested to make this report on behalf of Dr. Senseny, who is going to be late today. If you look at the last issue of *The Journal* on page 55, it will show you that the Indiana delegation was active in the AMA session and this printed report reviewed the entire transactions of the AMA House of Delegates, which you can review at your leisure. I would make one addition. We had one resolution before the House on upgrading of Emergency Medical Care which was approved by the House of Delegates. Other than that, I am happy to report the delegation got along fine and everyone got home well and healthy. Thank you very much.

CHAIRMAN: We will now receive the reports of trustees. District 1, Dr. Wilhelmus.

DR. WILHELMUS: Our meeting will be held on the first Thursday in May at the Petroleum Club in Evansville and everyone is invited to attend.

CHAIRMAN: Reporting for the 2nd District—our meeting will be held the last Thursday in May.

DR. GOODMAN: The 3rd District meeting will be held the first Wednesday in April at the Robert E. Lee Inn in New Albany. Everyone is invited. I should also like to report at this time to the Board a development in my home county of a Pediatric Clinic which will be located at our hospital in space allocated to our County Board of Health. It will be operated under the supervision of our county health officer and will be staffed by the volunteers within the County Medical Society. There has been general agreement for referral to this Clinic to come from individual physicians, school nurses, and from public programs such as OEO, Head Start, etc. Initially, we will not include referrals through our welfare and Medicaid programs.

Districts 4, 5, and 6 indicated no report.

7TH DISTRICT—Dr. Butler reported they were presently being pressured to join a new plan financed out of Washington for a change in the delivery of health care. There are still a lot of details not yet available but the general consensus of the meeting held last week by the society was that it was a little too early to commit ourselves to the program.

CHAIRMAN: Dr. Butler, will you please stay on top of this matter and make further reports to the Board?

DR. SCHUSTER reported for the 7th District, stating the meeting will be early in June and will be held in Martinsville but the date has not been set. I would like to also report at this time I have received a letter from a member of our district asking for a clearer delineation of the Board's policy and the policy of the State Medical Association on abortion. I would like to ask whether or not there has been any tabulation of the results of the poll on this subject and further at this time if this Board would be willing, for the benefit of the legislators, to commit themselves in terms of the repeal of the present abortion law. In other words, the thrust at this time is not to put in any new bills but rather repeal the law which states it is against the law to do an abortion. This has been the way it has been going around the country and I would like to ask for some statements or opinions today, if possible.

CHAIRMAN: I think we ought to have the final tally and we do not have it yet.

DR. SCAMAHORN: I agree with you we should have the final tally but we have received over 1,000, now approaching 1,300, returns on the poll and, gentlemen, the consensus seems to be to throw it wide open, which was not my vote, but you asked for the consensus and I can tell you that is the way it looks so far.

DR. SCHUSTER: May I ask, because I did not take time to review the actions of the House of Delegates, was there anything in the House actions, are there any statements one way or the other?

COMMENT: All the House of Delegates said was that we were to take a poll of our members on this subject.

DR. BOWEN: I have some definite viewpoints on this subject. I am for liberalizing somewhat. I just can't see opening it up entirely. I would like to throw these points out for your consideration. I think the decision should be between the doctor and the patient with the following restrictions: I think we should have a residence requirement for the state so this does not become the official capital for abortions in the Midwest, so you just can't come in from any other state—get in one day and fly out the second. Next I would like to see a restriction as to the length of gestation. I think this should be fairly rigid, either the first 12 or 14 weeks, as I do not think you ought to go a great deal beyond that. I prefer that perhaps there should be one consultant, not three. I think there should be rigid requirements for the place where it is performed and keep them off the kitchen tables and out of the back rooms. Third, I think it should be done by someone with an unlimited license to practice medicine. Fourth, I think there should be some form of reporting so that five years from now you can establish the results, complications, etc. Without some means of reporting, we won't have any method of developing statistics.

CHAIRMAN: This sounds like a reasonable statement.

DR. HOYT: I see a problem here. The length of gestation is a key factor, to many people's way of thinking. One of the things that is coming up now as an indication for an abortion is a study of cells and this is rather hard to do below the age of the fetus of thirteen or fourteen weeks, as I understand it. It would take about four weeks then to grow the necessary cells so you are pretty close to twenty weeks, so you should keep this information in mind.

COMMENT: That could be a special project if the cells do show abnormality; then that could be an exception.

DR. PETRICH: I think it would be appropriate, and this is a personal opinion, if the Board would now decide, in view of the fact that there will probably be several moves in various directions to change the abortion law, to draw a line

on the number of responses to the questionnaire. This would enable us to make decisions for the State Association as to the stand we should take on whatever legislation comes before this present legislative session. I would like to ask the secretary if he is going to put some one on this tabulation this week.

MR. WAGGENER: I have arranged with the University to tabulate this study on their computer, if this is agreeable.

DR. PETRICH: Can it be done by February 15th?

MR. WAGGENER: Yes.

DR. PETRICH: I would like to move that, by February 10, at least that portion dealing with the abortion issue be tabulated, manually or mechanically, and the information be passed along to the appropriate groups or commissions.

CHAIRMAN: The motion has been seconded. Is there any discussion?

DR. HILLIS: I move to amend the motion. The last day for introducing anything in the legislature is the 12th and the 10th is pretty late. I would like to amend the motion and leave out a specific date and say "at a sufficient time before the 12th."

DR. WILHELMUS: We are not introducing a law or amendment here. All we are doing is getting information for what is already in the hopper.

DR. HILLIS: Withdraw the amendment.

DR. SCHUSTER: I would like to amend Mr. Waggener's suggestion to include the computer. I would like to amend it to use the computer to tabulate these.

DR. PETRICH: I think I am mandating the use of the computer, if possible.

DR. SCHUSTER: I will then withdraw my amendment.

DR. INGRAM: In Dr. Petrich's motion he said we are to distribute it and this was a little non-specific.

DR. PETRICH: I intended to say "all groups and commissions who have an interest in this area, including the Board of Trustees, the Executive Committee, the Commission on Legislation, Commission on Public Health, all groups within the State Medical Association."

CHAIRMAN: Mr. Waggener, will you now read the motion.

MR. WAGGENER: I have the motion as that we are to tally the abortion poll of the survey at least by February 10 or earlier, either manually or mechanically, and that a copy of the tabulation be distributed to the Board of Trustees, the Executive Committee, the Commission on Legislation and the Commission on Public Health.

CHAIRMAN: There has been a second to the motion by Dr. McIntosh. All in favor say aye. The motion was put to vote and carried.

QUESTION: Now what will be the consensus? Will the Commission on Legislation be bound by this survey? Are we, the Board, bound by the consensus of the poll? Where are we?

DR. INGRAM: This is very important to me because I do not know if anyone has thought about this or not—there are a fair number of people in this state that you might lose completely from membership in the State Association over this question. You are talking about dealing with an absolute to a person who has religious convictions against this question. There is no compromise in his mind.

The matter was further discussed by several.

CHAIRMAN: Mr. Waggener, will you please read again who is going to receive these reports?

MR. WAGGENER: Members of the Board of Trustees, Executive Committee, Commission on Legislation and the Commission on Public Health.

DR. SCAMAHORN: I still ask what we are going to do, because the Legislative Commission and I are going to be the ones who are placed on the firing line by the legislators. What is our stand going to be?

The motion was further discussed by Dr. Thatcher, Dr. Schuster, Dr. Goodman and others.

DR. BOWEN: I think everyone has expressed themselves very well and it can be boiled down to three simple points. (1) We should go ahead with the tabulation and file it quietly with the various people who are to receive the copies. I know that it will be picked up by the news media. I think that when Malcolm will be forced to make some statements our policy will be that this is for information only. (2) The State Association itself is taking no position. (3) Make it clear to the individual members of the Association that they are free to lobby for or against such a bill, whichever their conscience tells them to do.

CHAIRMAN: We will now proceed to the report from the 8th District.

DR. INGRAM: Our District meeting will be held May 26, which is the last Wednesday in May, at the Jay County Country Club. You are all invited.

DR. SHOLTY: The 9th District meeting will be held June 10 at the Lafayette Country Club. The host county is Hamilton County. We are holding the meeting in Lafayette because it is centrally located.

CHAIRMAN: District 10 is not represented.

DR. HILLIS: No report from District 11.

DR. CLARK: District 12—I have no report from the district but I would just like to re-emphasize what I said about the president's visit and, second, just for information, I would like to know when we are going to rediscuss this business about foreign doctors being licensed, because I have some very definite things to say.

CHAIRMAN: We will be discussing this a little later, Dr. Clark. In the meantime, is there a report from the 13th district?

DR. BOWEN: No report.

CHAIRMAN: The chair recognizes Dr. Ramsey.

DR. RAMSEY: I received a letter last month from a physician in Union City in which he requested that I either publish an article or do all I could to solve a problem which he and other doctors in his county have. The problem is the wording on the Blue Shield form which states "charges not allowed." He suggested what he thinks would be a good thing and another wording which he thinks would be all right. He says he has discussed this with Mr. Dixon and Dr. McDowell, who is his local representative, but so far has not found anybody who knows how to get this matter changed. I wrote him telling him that this is something that has been discussed here and I was sure there was a committee working on it but I would refer this to the trustees when they met and see if it could not be ironed out. Thank you.

CHAIRMAN: We will now move to item #8, matters referred to the Executive Committee.

DR. KERR: The Executive Committee met last night and considered some 50-plus items. The first thing which the Committee refers to the Board of Trustees is an explanation of benefits report under the CHAMPUS program. There have been many discussions concerning the use of explanation of benefits forms by using the terminology "charges not allowed" or "more than authorized," and we have suggested that the form used by the CHAMPUS program explain any service that has been reduced by saying "more than amount allowed by the government." Secondly, we have received a letter from Dr. Richard Wolfe, an osteopath, addressed to Mr. Waggener, from the Indiana Association of Osteopathic Physicians and Surgeons. Dr. Kerr then read the letter, which made the suggestion that the two Executive Committees, namely ISMA and IOA, have a joint meeting for a discussion of problems facing the respective associations. It further points out that this might be accomplished by observers at our annual meetings, and by exchange of minutes or with other acceptable lines of communication.

Mr. Waggener replied to Dr. Wolfe as follows:

"Dear Dr. Wolfe: This will acknowledge your letter of January 16 proposing a joint meeting between the Osteopathic group and the Indiana State Medical Association. In past years, this has frequently been done, particularly as it relates to legislation affecting both of these professions. I will place this matter before our Executive Committee which meets on January 30th and advise following that date."

It was the feeling of the Executive Committee that this should be pursued and hopefully we could establish some sort of liaison with meaningful results for both groups, if this meets with the approval of the Board.

The motion was duly moved, seconded and passed.

DR. KERR: Dr. Scamahorn made mention earlier of the request from RMP for membership on the Committee on Evaluation and Long Range Goals. We thought this would be an appropriate time to make some commentary on the joint meeting of the Executive Committee and the executive committee of RMP. You remember repeated references to our withdrawal of support. They were quite disturbed because in the mechanism established for RMPs it is necessary that they have the approval of the State Medical Association. We had what I suppose was a polite, restrained, Mexican stand-off. I believe everybody expressed reasonably well the general objections that ISMA had to the way their program was going. We did express the disturbance which we felt they were encouraging in extending the program from a training program to a service program and that they were not really just investigating but were rather attempting to become the practitioners of the various skills which they professed to be training for. We also expressed the thought they were perhaps too involved in core structure, and core people are not enough involved in putting the programs into action and moving out into the state, which was the main concept of this thing in the first place. They responded that they did not feel this was particularly true although they did have some instances where they have programs going. Dr. Scamahorn commented that some of the physicians in his own community are of the belief they had done some useful things in terms of physiotherapy, rehabilitation programs, etc. We had some discussion about the number of coronary care units which initially they implied they had structured throughout the state. Further discussion brought out the fact that while we really had not done all that, we had helped in some instances. Relative to the size of the core staff, they quoted a report from the most recent survey made of them by the Washington people in which Washington actually demanded that they increase the size of their present core staff. They did not seem to feel this was necessary and felt this was a relatively good rebuttal to our claim that they were over-powered.

I do not know of any really pertinent conclusion that came from this meeting. There was airing of feelings and one of the problems, of course, was that there was so much discussion non-officially of goals of both groups. It seems that we can't get this to an official level. The Executive Committee, to my knowledge, could not come up with a specific recommendation following this meeting as to just what we should do so we go back to the same old thing. Who knows what kind of program is coming next, because as we survey what legislative meanderings there are in the health field in Washington, you do not have any good idea of what is going to come out during the coming months.

DR. SCAMAHORN: You may be aware of a plan which Dr. Butler previously mentioned concerning delivery of health care in Marion County. It appears that some of these agencies are currently by-passing RMP or Comprehensive Health Planning and going straight to Washington with their plans.

DR. INGRAM: At the meeting in Terre Haute I reproduced all that material from the Long Range Goals and Objectives of the RMP program. I know some of you read at least part of it and we discussed it there. I think most of you found it objectionable in general. I wanted to bring out that in the meeting of these two executive committees I sat on the sidelines and listened and they told us all how they had changed their long range goals and objectives because of my having been at that meeting. We got a copy of the new long range goals and objectives and the same things are said in fewer words. In fact, they did not change their attitude one whit. It was my impression that I didn't say very much in that executive session because I was not a member. I just sat and listened, but, as far as I am concerned, they intend to do exactly as they please regardless of what we say. The only thing is we must say we support them for them to be able to go ahead and do it but they are going to do exactly as they please. They are going to give lip service to what we suggest and then proceed full speed ahead in their own direction.

DR. KERR: This gets back again to appointment of people on these two committees. Unless there are absolute indications that this group wants to absolutely withdraw support from the RMP, I would suggest that we might let it hang just as it is and work along and be very careful that we get people on this long range planning.

DR. PETRICH: The point to consider is brought out in some discussion in the Executive Committee. We have no idea about the number or comparison of these two committees on RMP. Naming two physicians is one thing which I believe would tacitly admit that we support the entire concept. We also might be putting two men in a position where some of our men have already been. I think we ought to examine our position and total concept before we empower the president to appoint these members to the committees of RMP.

DR. INGRAM: I move that we do in fact separate ourselves or deny our support to the Indiana RMP.

The motion was discussed by Dr. Scamahorn, Dr. Bowen and Dr. Schuster.

DR. SCHUSTER: I move to table until Dr. Gosman is able to be present and participate in this discussion, inasmuch as he is a member of the RMP Board. The motion to table was duly seconded, put to vote and carried.

DR. KERR: We have still not settled the matter of whether the president shall appoint two members to these committees.

The matter was further discussed by several. On motion duly made, seconded and put to vote, the president was instructed not to make appointments until the Board determines its position with relation to RMP. The motion was carried.

DR. KERR: There is another matter relevant to the RMP program. They have had permission in the past to have meetings in our building. They request to be permitted to continue to hold their meetings here rather than at the Medical Center.

DR. PETRICH: I so move, as I do not think this obligates us to RMP.

CHAIRMAN: The motion is taken by consent.

DR. KERR: The next matter is that of foreign physicians.

Dr. Scamahorn then read his prepared statement with respect to licensing of foreign doctors in the State of Indiana.

The matter was further discussed by Dr. Ingram, Dr. Bowen and Dr. Harshman. Dr. Clark spoke against.

The motion was then made that a resolution be prepared instructing the Board of Medical Registration and Licensure to encourage the practice of duly licensed physicians in areas of greatest need. The motion was further discussed by many. The motion as made was then put to vote and carried.

DR. KERR: We had a discussion yesterday relative to the Medical Disciplinary Act, and I would like for Dr. Hugh Thatcher to comment on this discussion. Dr. Thatcher then reviewed the provisions of the proposed Disciplinary Act and the changes made in it.

Following his presentation this was discussed by Dr. McIntosh, Dr. Shields, Dr. Hillis, Dr. Schuster, Dr. Ingram and Dr. Clark.

DR. SCHUSTER: I would move at this time to delete the phrase "by voluntary commitment to an institution."

The motion was discussed by several. The motion was seconded by Dr. Wilhelmus and was further discussed by several.

DR. SCHUSTER: I withdraw my motion.

The bill was further discussed section by section.

DR. INGRAM: I would like a vote on two more of these items. I would like to first move to delete paragraph 9 under Section 2.

The motion was seconded by Dr. Goodman, put to vote and carried.

DR. INGRAM: I would also like to move to delete paragraph 12, Section 2. The motion was seconded by Dr. Smith, put to vote and carried. Other contents of the bill were further discussed by several. Dr. Thatcher moved that this proposed bill, as amended, be passed and sent to the proper commission to try to get someone to present it before the present Legislature.

CHAIRMAN: The motion was seconded by Dr. Reid. Is there further discussion?

DR. MCINTOSH: I do not think we are ready to have this enacted into law. Therefore I move that this thing be tabled.

CHAIRMAN: With the comment of Dr. McIntosh, he withdraws his motion for the present so we may have more discussion.

The motion was further discussed by Dr. Thatcher, Dr. Alcorn, Dr. Clark and Dr. Reid.

DR. MCINTOSH: For such a major change as this will bring about, it has not been discussed enough or thought about, nor do I believe we have had sufficient legal counsel, therefore I again move to table this matter.

CHAIRMAN: We have a request for a roll call vote. The secretary will call the roll. Those in favor of tabling vote "yea" and those opposed "no." Wilhelmus — yes; Dukes — yes; Goodman — yes; Reid — no; McIntosh — yes; Smith — no; Ingram — yes; Sholty — no; Hillis — no; Clark — yes; Scamahorn — yes; Hoyt — no.

CHAIRMAN: The motion to table is carried.

DR. KERR: As you know, many months ago the Board of Trustees voted to place $5,000 in the hands of Dr. Reid's computer program, the money to be used in investigation of computer medicine. It was thought I.U. would be the evaluating agent. Dr. Reid reported to the Executive Committee last night that he could not see any way that this program will ever be evaluated by the University and is prepared to return this money to the association. It was the recommendation of the Executive Committee and, I might add, strongly recommended that this $5,000 be placed in the Medical Foundation to be earmarked and used out of the Foundation to evaluate computers in medicine. Also, there is an additional situation related to the computer program. As you know, Dr. Reid inquired some time ago about the possibility of renting space in this building for their program so they would be related to medicine and have the Association tied closer to the program. At that time it was rejected by the Board. In the discussion last night in the Executive Committee, it was pointed out that we do have these two houses on Pennsylvania which are relatively close to the Association, owned by the Association and rented. It was recommended for consideration that Dr. Reid's people consider renting one of these buildings, if found satisfactory. Do you, the Board, desire to take any action on this or refer it to the Finance Committee?

CHAIRMAN: Let's refer it to the Finance Committee and have a report on it at the next meeting.

It has been moved to accept the $5,000 to be returned to the association.

DR. GOODMAN: I would like to amend the motion to say that the $5,000 be turned over to the Medical Foundation as recommended by the Executive Committee.

CHAIRMAN: You can do whatever you want to but the motion to refer takes precedence. We will vote on referring the amendment to the Finance Committee.

The motion was duly seconded, and passed.

CHAIRMAN: Now let us defer the return of the money until we have the decision of the Finance Committee.

DR. KERR: What about the rental of the property?

By consent this question was also referred to the Finance Committee. One more matter—you should be informed that the AMA public affairs workshop will be held in Washington, D.C., March 13-14. It has been the custom for the Executive Committee to go to Washington at a later time for a visitation program with the Indiana delegation in Congress. It has been decided by the Executive Committee that they will eliminate one of these trips and combine attendance at the public affairs workshop and the visitation in one trip.

CHAIRMAN: I reappoint the Finance Committee the same as it was last year: Dr. Bowen, Dr. Hillis, Dr. Hoyt and Dr. Wilhelmus.

One other thing about the March 24 meeting with the hospital people, will there be any trustees interested enough to go? I think ISMA will pick up the $10 tab.

On show of hands, Dr. Smith, Dr. Schuster, Dr. Sholty, Dr. Hillis and Dr. Clark indicated they would be interested.

On motion duly made and passed, it was voted that the ISMA would pick up the expenses of lunch and registration for those trustees who attend the March 24 meeting.

CHAIRMAN: Also, I would like to take this opportunity to express our appreciation to Dr. Hillis, Dr. Ingram and Dr. Thatcher for all the work they have done on the Medical Disciplinary Act. I ask that this be included in our minutes so it won't be lost and we keep the same committee to function on this subject.

CHAIRMAN: I will now recognize Mr. Kilborn, President of Blue Shield. Mr. Kilborn reported that their medical consultants had recommended the establishment of parameters and that the Director of the State Department of Public Welfare requested that he bring these proposed parameters to you so you could review them and either agree or disagree with this program.

"The following parameters are to be used for all Medicaid services. These parameters will be effective for all providers and will be followed in all cases without additional information to justify exceptions. All future guidelines or regulations of the Social Security Administration directed to the Medicare Program will also be adopted, if applicable to the Medicaid Program.

1) Office calls, home visits, or any combination would be limited to one per week and four per month.

1a) Nursing home visits to be limited to one per month.

2) Injections would be limited to two injections per call, or four injection-only calls per month.

3) In-hospital medical visits would be limited to twenty (20) days per admission.

4) Machine treatments — reject all diapulse treatments such as diapulse, thermatic (standard model only), spectro-wave and superpulse. Other pulse wave diathermy machines may have some therapeutic benefit and might be covered. (Dollar limits to

be placed on other machine treatments.)

5) All skin grafts over $25 must have an operative report.
6) All debridements over $25 must have an operative report.
7) Vitamin B-12 injections should be paid for under the following conditions:

   Anemia: pernicious anemia, megloblastic anemia, macrocytic anemia, nutritional and secondary.

   Certain gastrointestinal disorders: gastrectomy; malabsorption syndromes, such as spruce; surgical and mechanical disorders such as resection of the small intestines; strictures; anastromoses and blind loop syndrome.

   Certain neuropathies: posterolateral sclerosis, other neuropathies associated with pernicious anemia.
8) If more than one person seen at the same address on the same day, mileage is to be paid only once.
9) If more than one person visited in the same family on the same day, there will be a reduced payment for the visit.

The presentation was discussed by several, including a lengthy discussion on payments to physicians under the Medicaid program.

DR. SCAMAHORN: I move that we accept the report of Blue Shield and accept in principle the parameters as presented on Medicaid services and send them to the Commission on Medical Economics and Insurance for recommendations and follow through as amended.

The motion was duly seconded by Dr. Hillis, put to vote and carried.

The matter then of Resolution 70-4 which requested the Board of Trustees to appoint an appropriate committee or commission to negotiate on the 75th percentile to obtain equitable payments in the future —is this possible?

MR. KILBORN: Medicaid and Medicare are controlled by Federal legislation and it is impossible for us to negotiate until the Federal law is changed. The matter of the administration of the Medicare and Medicaid program was discussed in an effort to receive clarification on some of the administrative procedure being used with relation to doctors who take assignments and those who do not and the reporting of fees paid physicians by the program by the Federal government.

CHAIRMAN: I will now recognize Dr. Black, Chairman of the Blue Shield Board.

DR. BLACK: I have just distributed a form explaining some of the activities of Blue Shield the past year. It is interesting to note in regular business we jumped from $47 million to 62 million in the year '69-'70. The government volume jumped from $32 million to $46 million during the same period. This gives us a total business for the year 1969 as $7 million and for the year 1970 as $108 million. It is also interesting to note that we are currently processing approximately 100,000 claims per week and, as you know, the government business is getting to be more and more of a major thing today. As Chairman of the Board, I am acting as a medical consultant and I am trying to ask what is fair and just on some of the fees which the doctors file under these programs. Of course physicians have a right to appeal these decisions but we are trying to be honest and fair in all cases. Almost every week now we have about 200 physicians' claims to review.

On motion duly made, seconded and passed, the Chairman of the Blue Shield Board and the President of Blue Shield are invited to attend the Congressional dinner.

DR. BLACK: I call your attention to the fact that doctors are utilizing their program which will necessitate an increase in rates as of the first of April.

CHAIRMAN: What are the wishes of the Board? Shall we accept the increase in rates along with this letter on increases?

The report was accepted by consent.

CHAIRMAN: There have been several physicians throughout the state who have made requests to increase the amount of benefit in which the desire has been expressed to increase the professional health security plan to $25,000 from the present $7,500 for the benefit period, the $15,000 lifetime maximum will be increased to $50,000. Quarterly rates effective April for increased benefits will be for $250 on the deductible; single $28.18; family $64.64; for the $500 deductible; single $25.82; family $59.36 for the $750 deductible; single $23.36 and family $53.50. For the $1,000 deductible single $20.70; and family $47.08. The new rates for the professional health care plan on a quarterly plan will be for the member $71.73 and for the dependents $184.44.

DR. REID: I move to adopt this program for offering to the members. The motion was seconded by Dr. Wilhelmus, put to vote and carried.

CHAIRMAN: Now item 11, new business; is there any new business?

DR. INGRAM: Yes, I would like to discuss the letter which came out from the new Medical Review Committee which was established by the House of Delegates in South Bend. There seems to be some statements in this which are absolutely contrary to the policies established by the House. I am of the opinion that the House provided that this committee would not function unless requested to do so by a County Society. Number one, county societies received the letter and I did not receive one. Number two, it does not adhere to the policy established by the last House of Delegates. I would like to submit this for consideration and maybe we should straighten this matter.

CHAIRMAN: What do you propose we do?

DR. INGRAM: I move to have this committee reconsider its organization and make sure that the policy of the House of Delegates is followed.

The motion was duly seconded and passed.

CHAIRMAN: Is there any other unfinished business?

COMMENT: I mention again the matter of Health Careers.

CHAIRMAN: I appointed a committee last time consisting of Dr. Santare as Chairman, Dr. Wilhelmus and Dr. Petrich. This committee has not met and they have been requested to meet before our next meeting and make a report, and I specifically ask them to bring in definite recommendations.

DR. VAN DEN BOSCH: I am the Chairman of the Grievance Committee and, as I understand the House of Delegates, they have asked that the Grievance Committee or the Board of Trustees re-evaluate and redirect the operations of the Grievance Committee. This has not been done since 1952 and I am mainly here to ask for direction—if the Board of Trustees would like to give us specific direction—on what sort of procedure and what method we are to follow to bring these proceedings up to date.

DR. PETRICH: I would recommend that the Board empower the committee to study and report back at the earliest possible moment their ideas relative to a formal structure to deal with Grievance matters on a legal and formal basis.

The motion was duly seconded, put to vote and carried.

DR. BRYAN: The Allen County Medical Society has requested that the Board of Trustees of ISMA consider some problems in the delivery of health care in Marion County. The primary purpose of Allen County's interest is one of receiving information. We are not wishing to interfere with what Marion County and the ISMA does in relation to the Federal proposal which has the potential of effecting a change in the mode of practice involving one quarter of the State Association's members. We feel it is a problem of great importance which should be seriously studied and considered.

Secondly, in Allen County we would like very much to commend and thank

Mr. Waggener for his assistance in getting information for our study. We have felt there was a definite bypass of the ISMA and organized medicine in developing some of these proposals of the Federal government for a program in Marion County. This program, if accepted, as we understand it, in our opinion would have a far flung impact upon medical practice in other parts of the state as well as in Marion County.

CHAIRMAN: I hope that Marion County will keep the Board informed of what is going on and we will be happy to keep Allen County specifically, but also the entire state, informed about whatever we learn.

The next meeting of the Board will be held at 9:00 a.m. March 28, 1971.

We will now go into executive session.◄

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